PROVINCE OF SASKATCHEWAN

09-10

ANNUAL STATISTICAL REPORT

MINISTRY OF HEALTH

Medical Services Branch

Preface

This fiscal year 2009-10 report prepared by the Medical Services Branch, pursuant to Section 36 of *The Saskatchewan Medical Care Insurance Act*, is a statistical supplement to the Saskatchewan Ministry of Health Annual Report. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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This annual report is also available in electronic format from the Ministry's web site at **www.health.gov.sk.ca**

Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, chiropractor, optometrist and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association (SMA). Payments by the Plan under its program areas totalled $666.2 million in 2009-10 (see page 5), an increase of $43.2 million or 6.9 per cent over 2008-09.

- The Branch supports the Medical Education System at the College of Medicine with funding of $40.3 million in 2009-10 (see page 5). The Medical Education System covers the following areas:
  - academic and clinical services provided by faculty;
  - undergraduate, post-graduate (including international medical graduates (IMGs)) and re-entry training; and,
  - 317 post-graduate medical resident positions (see Table 33).

- MSP, through its Professional Review Committees, recovered $316,500 in fee-for-service payments from 10 practitioners who were found to have incorrectly charged the Plan (Table 2).

- The number of claims processed and paid in 2009-10 totalled 9.1 million, an increase of 1.5 per cent from 2008-09 (Table 3).

- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to $492.9 million, an increase of 3.3 per cent on a per capita basis (Table 8). Total expenditures (000's) by program area:

	2008-09	2009-10	Per Capita Change
Physicians	$458,062	$472,860	3.16%
Optometrists	$5,675	$6,141	8.14%
Chiropractors	$11,457	$11,801	2.93%
Dentists	$1,882	$2,059	9.35%

(see status of current agreements on page 58)

- Payments for out-of-province physician services totalled $30.3 million (Table 11) up 6.8 per cent. Physician fee increases contributed to this increased cost. Out-of-province hospital payments totalled $79.2 million (Table 13a) up 22.4 per cent. The split of In-Patient per-diem rates into Ward rates and ICU rates in 2009-10 represents most of the Out-of-Province hospital payment increase.

- Services outside Canada for patients with prior approval:

	2008-09	2009-10
Patients	40	60
Practitioner Costs	$447,200	$953,005
Hospital Costs	$2,515,300	$3,395,280
Total Costs	$2,962,500	$4,348,285

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year-end to 1,376 from 1,348 in 2008-09. Metro (Regina and Saskatoon) general practitioners increased by 2 (to 375), other urban general practitioners increased by 6 (to 161), and rural general practitioners decreased by 3 (to 238); specialists increased by 23 (to 602).

Average payments to active physicians (Table 25):

General Practitioners	$246,700	down 0.2%
Specialists	$393,700	up 0.9%
All Physicians	$311,000	up 0.8%

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Emergency Rural Coverage Programs (ERCP) totalled $22.2 million (Table 27).

- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totalled $141.6 million (Table 28), an increase of 1.4 per cent.

- The per capita costs for physician services increased by 3.2 per cent to $450 from $436 in 2008-09 (Table 31).

Physician Remuneration

- in 2009-10, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totalled $404.8 million (see page 6), an increase of 2.5 per cent from 2008-09.

- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2009-10, this sector accounted for about $224.4 million, 32.4 per cent of Saskatchewan Ministry of Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).

- The amount of new and continuing bursaries and grants increased from 163 to 170 in 2009-10 for a total commitment of $4.6 million (see page 6).

Medical Services Branch 2009-10 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	$453,201,172	67.6
Physicians – Fee-for-Service[1]	410,719,344	61.3
Physicians – Non-FFS		
- Alternate Payments	7,009,752	1.4
- Northern Health, Student Health & Community Clinics[2]	14,547,429	2.2
Chiropractors	10,086,726	1.5
Optometrists	5,315,083	0.8
Dentists	1,997,837	0.3
Out-Of-Province (including Hospital)	116,879,106	17.4
Saskatchewan Medical Association Programs[3]	55,609,233	8.3
Medical Education System	40,325,727	6.0
Dental Residency Grant	111,778	0.0
Optometrists – Continuing Medical Education (CME)	30,000	0.0
Optometrists – Children's Vision Initiative	60,000	0.0
Administration	4,320,673	0.6
Total Expenditures	**$670,507,689**	**100.0**

[1] Includes Emergency Rural Coverage Program payments processed through the Claims System.
[2] These expenditures include payments to physicians only.
[3] Includes Specialist Emergency Coverage Program payments.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of chiropractic and optometric Supplementary Health Program claims.

2) MSP Out-Of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2009-10

	Expenditures	Recipients of Bursaries & Grants: New	Recipients of Bursaries & Grants: Total[4]
Fee-For-Service (FFS)	$404,825,011		
Emergency Rural Coverage Programs (ERCP)[3]	$6,050,411		
Specialist Emergency Coverage Programs (SECP)	$16,126,396		
Non-fee-for-service (Non-FFS)	$224,435,834		
Medical Remuneration	$115,666,760		
[1,2]Saskatchewan Cancer Agency	$14,278,997		
[1,2]Student Health Centre	$629,303		
[1,2]Community Clinics	$6,266,394		
Physician Stabilization	$3,525,000		
[1,2]Northern Health Contract Physicians	$7,651,733		
Alternate Payments - MSB Non-FFS	$7,009,752		
Alternate Payments - RHA Operating	$18,883,029		
[1,2]Alternate Payments - Primary Health Services Sites	$15,496,922		
Clinical Services Fund (College of Medicine)	$35,027,945		
Sub-Total: Payments for Physician Services (including FFS, Emergency Coverage Programs and Non-FFS)	**$651,437,652**		
SMA (excluding Emergency Coverage) and Bursary Programs	$41,458,419	73	170
Undergraduate Medical Bursaries	$202,500	5	14
Medical Residency Bursaries	$175,000	6	7
Physician Re-Entry Training Program	$87,887	1	7
Rural Practice Enhancement Training	$74,302	1	2
Rural Practice Establishment Grants	$407,500	23	32
Rural and Remote Incentives	$1,926,858		
Continuing Medical Education Program	$6,800,000		
Canadian Medical Protective Agency (CMPA) Funding	$4,055,000		
Practice Enhancement Program	$75,000		
Physician Retention Fund	$13,200,000		
Specialist Recruitment and Retention Bursaries and Programs	$1,678,790	31	79
New Initiatives (including Electronic Medical Record)	$10,100,000		
Parental Leave Program	$700,000		
Saskatchewan Health Re-entry Training	$738,915	2	8
Supernumerary IMG Training Seats	$1,236,667	4	21
Grand Total: Expenditures (including SMA & Bursary Programs)	**$692,896,071**		
Continuing Bursaries from Previous Years		97	--

[1] Expenditures in these areas are managed by other Branches of the Ministry of Health.
[2] These expenditures include payments to physicians only.
[3] Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.
[4] The total includes new recipients in 2009-10 plus recipients of continuing bursaries from previous years.

Note: 1) Ministry funding for physician services may not equal expenditures by RHAs.
2) Portions of Ministry funding are unavailable, such as compensation to radiologists providing CTs and MRIs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

MSP provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and,
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- out-of-hospital x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69 years of age are available and funded through the provincial Screening Program for Breast Cancer;
- an approved list of office-based laboratory services provided by a physician other than a pathologist; and
- other diagnostic services provided by a physician.

Preventive Medical Services - Immunization services where not available through any government or Regional Health Authority; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry by optometrists is limited to the following five categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement; and,
- Workers' Health Benefits Program beneficiaries.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease,
- head and neck cancer services, or
- services for total joint replacement by prosthesis where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from MSP was received.

Chiropractic Services

For 2009-10, chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:
Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and bone densitometry provided outside of the province are only insured with prior approval from the Ministry of Health. Effective February 25, 2009 prior approval is no longer required for MRI and cataract surgery when performed in a publicly funded facility.

Non-emergency services provided outside of Canada are only insured with prior approval from the Ministry of Health.

Hospital Services:
Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons travelling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from the Ministry of Health.

Cataract surgery, MRIs and bone densitometry provided outside of the province are only insured as noted above for physician services.

Exclusions

The Medical Services Plan does not insure the following services:

- health services received under other public programs including: *The Workers' Compensation Act*, federal Department of Veteran Affairs, *The Mental Health Act*
- laboratory services by specialists in pathology
- travelling
- advice by telephone except when provided by physicians to allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules;
- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic; and
- salary, contractual or sessional payment arrangements funded through RHA Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities; and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Ministry's Primary Health Services initiative. Physicians and RHAs considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

The Primary Health Services Branch provides a global system of payment for the operation of four community clinics.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to order the recovery of payments made to practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2009-10 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and paediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2009-10 include some services provided in 2008-09. Fiscal years typically consist of 26 pay runs; however, the 2007-08 fiscal year included an additional pay run.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. Lump sum retroactive payments to dentists in 2009-10 are included (or excluded) in tables as footnoted. Any such payments, whether included or excluded from the data tables, are always included in the expenditure tables on pages 5 and 6.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Chronic disease management visits and eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits that comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counselling** - Includes treatment interview, group therapy, and counselling (including healthy lifestyle/health education counselling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.

(q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.

(r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons was eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician was eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.
Note: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

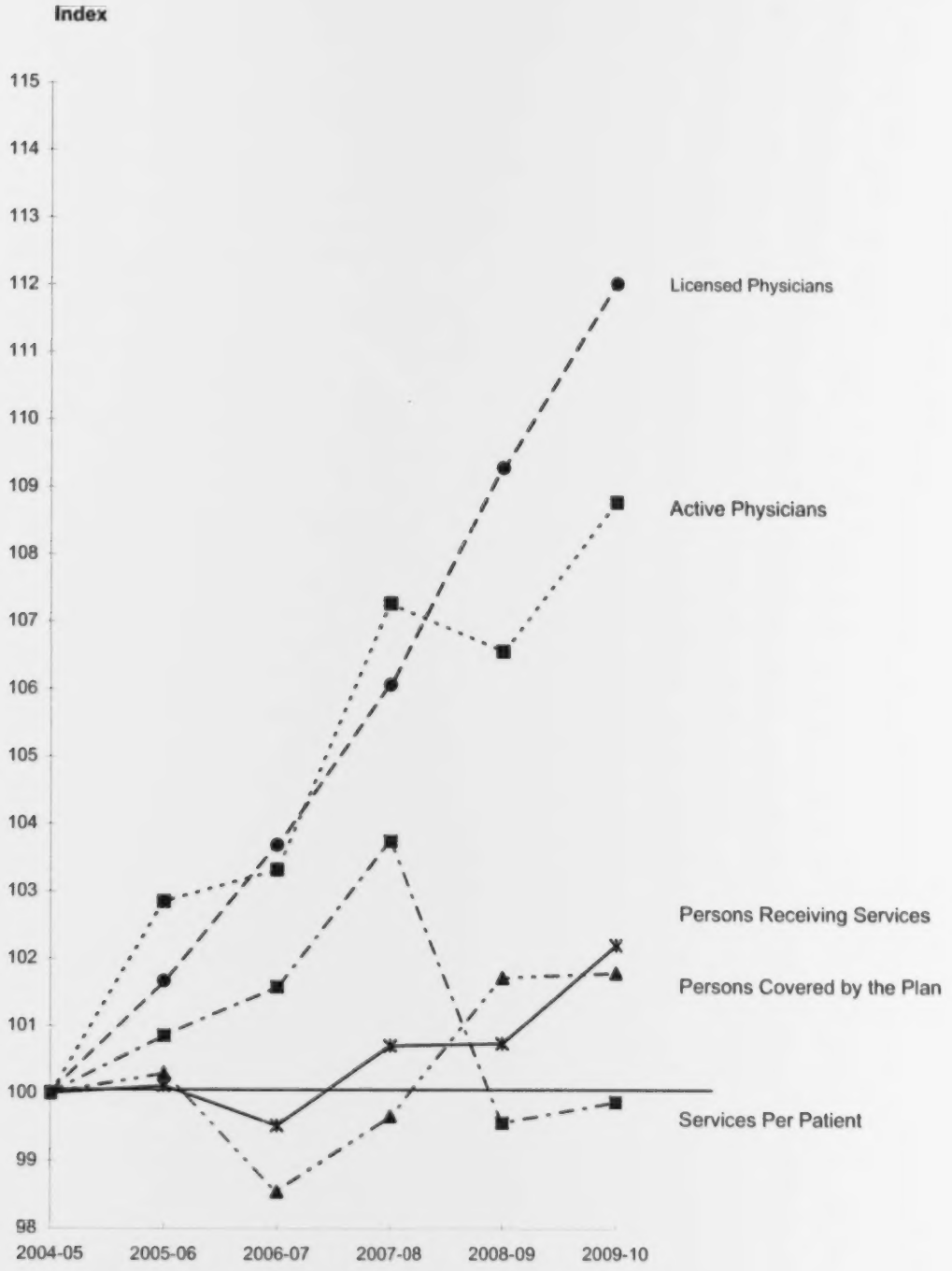
II. Optometrist - A practitioner registered by the Saskatchewan Association of Optometrists.

III. Chiropractor - A practitioner registered by the Chiropractors' Association of Saskatchewan.

IV. Dentist - A practitioner registered by the College of Dental Surgeons of Saskatchewan.

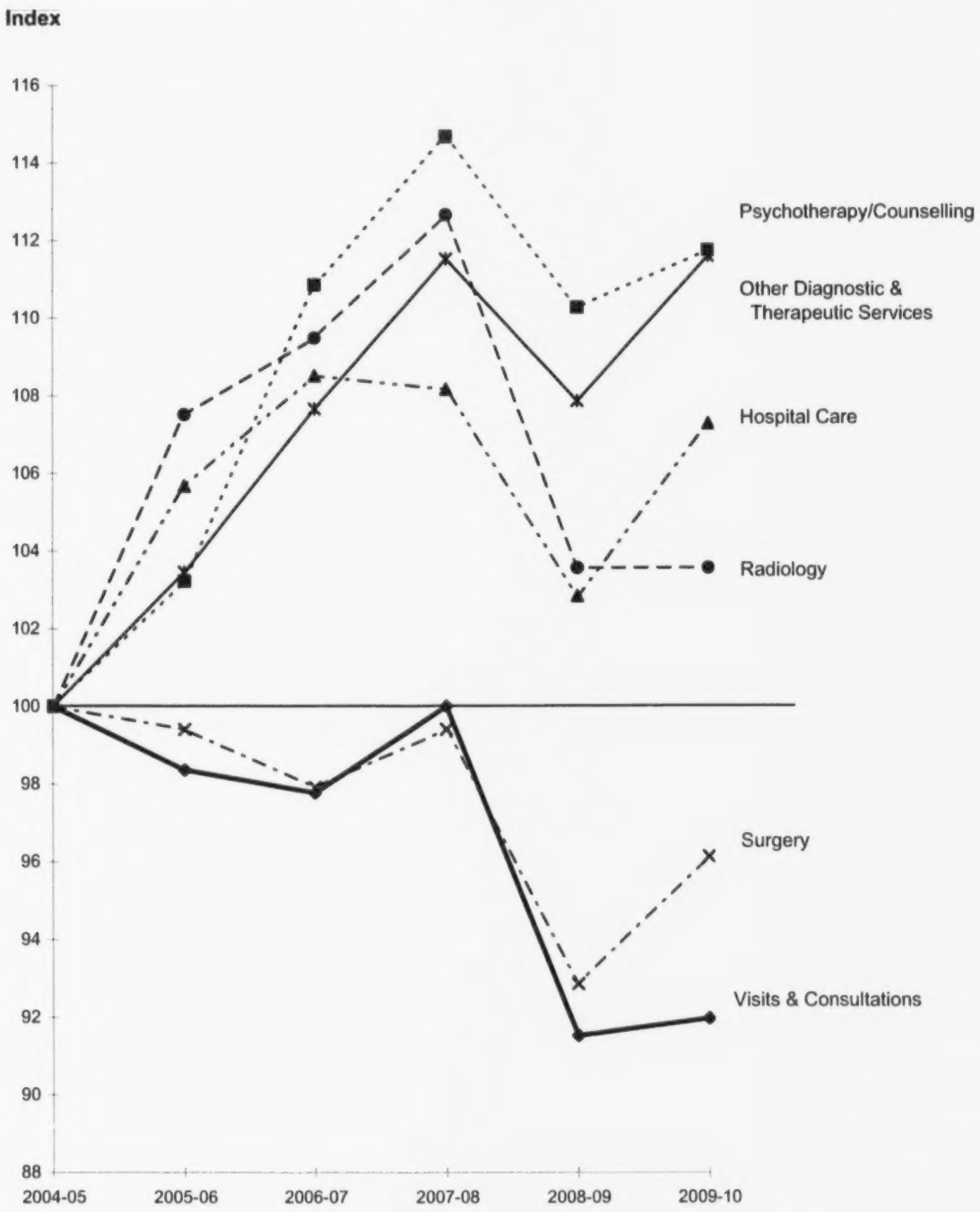
Note: Definition of Active Physician - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2004-05 to 2009-10



Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 2
Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2004-05 to 2009-10



 Note: Data comparability is affected by the extra pay run in 2007-08.

Figure 3
Per Capita Payments for Insured Services by Age and Sex of Beneficiary

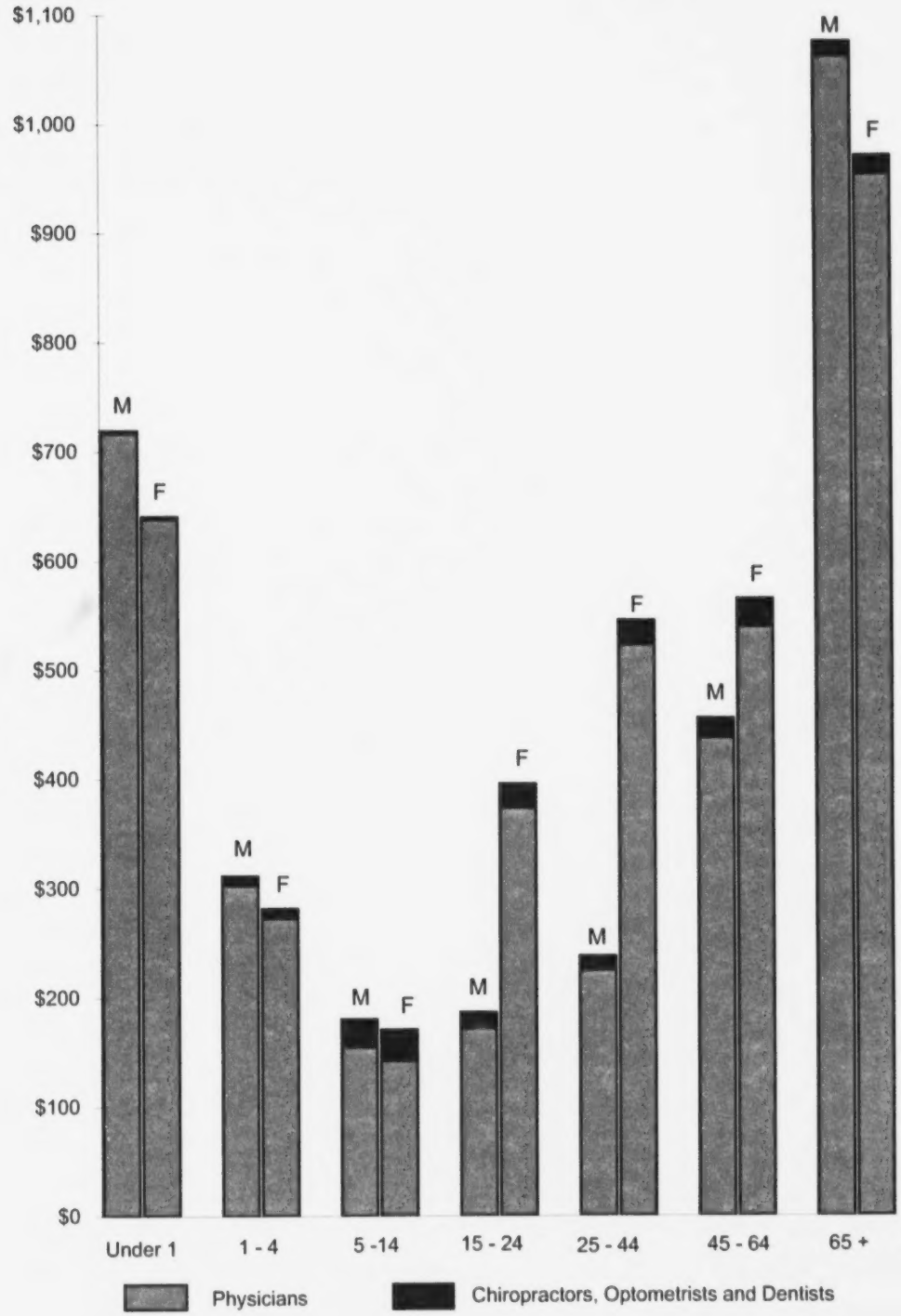
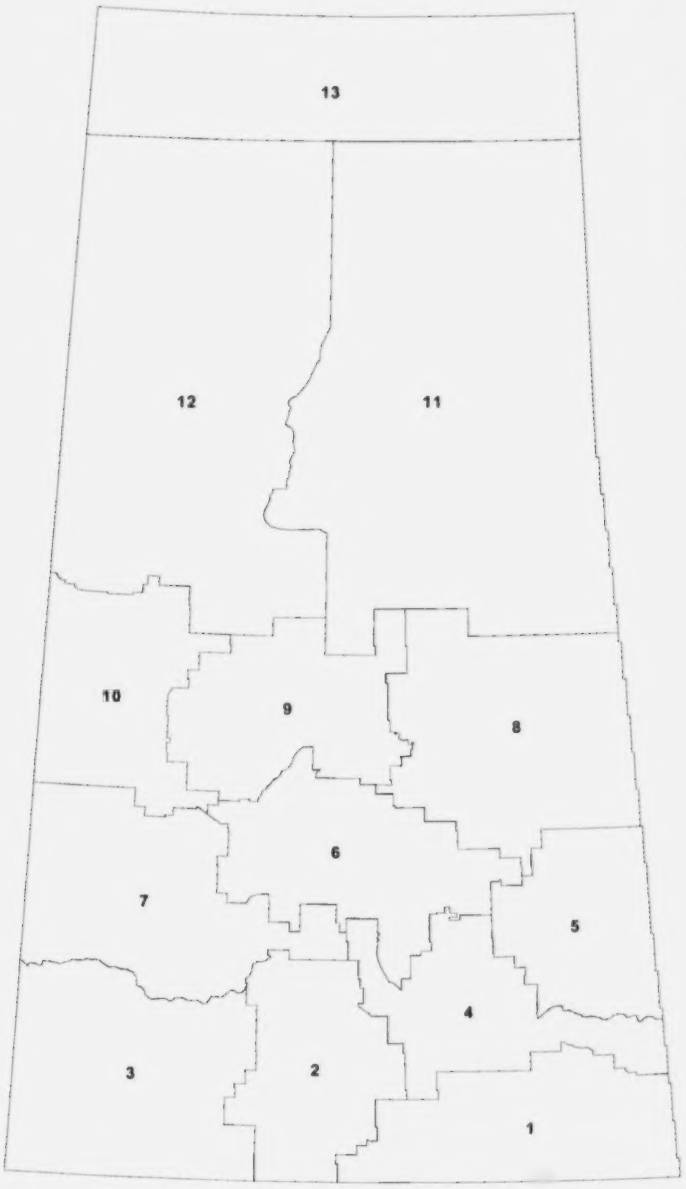


Figure 4
Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2005-06[3]	427,561	6.71	6.66	0.05
2006-07[3]	440,342	4.82	1.56	3.21
2007-08[3,6]	478,179	3.63	4.75	-1.07
2008-09[6]	477,076	-2.24	3.56	-5.60
2009-10[3]	492,861	3.23	0.07	3.16
Average Annual Per Cent Change 2005-06 to 2009-10	3.66	2.36	2.49	-0.08

1 All physician, chiropractic, optometric and dental insured services are included. Lump sum payments made to the SMA for distribution to physicians in lieu of retroactive amendments to the Payment Schedule are excluded. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

2 Current year cost per capita figures have been adjusted for program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

3 Lump sum payments in lieu of retroactive amendments to Payment Schedules made to optometrists in 2005-06, to physicians and chiropractors in 2006-07, to physicians and optometrists in 2007-08, and dentists and dental surgeons in 2007-08 and 2009-10 are included.

4 Fee schedule increases are based on theoretical values of fee and new items increases.

5 The change in utilization may be affected by changes in data capture for physicians participating in or switching to non-fee-for-service arrangements.

6 An adjustment was made for the extra pay run in 2007-08 prior to per capita cost and utilization calculations.

7 Adjustment made for claims inventory has been removed from the data prior to 2009-10 as claims inventory data is no longer available starting 2009-10.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2008-09		2009-10	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	2,117	$4,903.8	2,114	$6,451.4
Routine Assessment on Out-of-Province Claims[1]	--	902.7	--	1,496.1
Special MSP Studies and Professional Review Activity[2]	6	143.4	10	316.5
Third Party Liability Recoveries	--	2,979.3	--	2,972.1
Total	--	**$8,929.1**	--	**$11,236.2**

1 The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, the patient's co-payment portion on chiropractor claims and any lump sum retroactive payments to practitioners.

2 The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by MSP and Professional Review Committees.

Table 3
Claims Paid by Method of Billing

Claims Received from:	Number of Claims Paid 2008-09	Number of Claims Paid 2009-10	Per Cent of Claims Paid 2008-09	Per Cent of Claims Paid 2009-10
Physicians, Dentist & Dental Surgeons	**7,933,524**	**8,038,019**	**88.85**	**88.67**
In-Province Claims[1]	7,660,823	7,771,294	85.80	85.73
Out-of-Province Reciprocal Billing[2]	270,954	264,384	3.03	2.92
Other Out-of-Province	1,747	2,341	0.02	0.03
Optometrists[3]	**124,476**	**131,773**	**1.39**	**1.45**
In-Province Claims	123,212	130,303	1.38	1.44
Out-of-Province	1,264	1,470	0.01	0.02
Chiropractors[3]	**865,479**	**889,150**	**9.69**	**9.81**
In-Province Claims	858,901	883,400	9.62	9.74
Out-of-Province	6,578	5,750	0.07	0.06
Beneficiaries	**5,288**	**6,295**	**0.06**	**0.07**
Total	**8,928,767**	**9,065,237**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services and for SGI driver medicals and visual exams.

[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

[3] Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2009		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	7,020	6,645	14,361	13,387	716,649	638,229
1 - 4	26,858	25,704	6,988	6,334	302,387	272,463
5 - 14	66,216	63,589	4,467	4,237	154,256	142,026
15 - 24	78,149	74,475	4,484	9,617	171,468	373,314
25 - 44	133,614	131,519	5,765	12,525	224,306	522,253
45 - 64	136,934	135,285	10,253	13,412	437,253	538,965
65 and over	66,293	83,983	23,882	23,567	1,061,731	953,691
All Beneficiaries	**515,084**	**521,200**	**9,110**	**12,814**	**382,456**	**517,598**
B. Optometrists						
Under 1	7,020	6,645	15	15	720	716
1 - 4	26,858	25,704	157	157	7,827	7,855
5 - 14	66,216	63,589	443	490	22,464	24,872
15 - 24	78,149	74,475	146	196	7,143	9,431
25 - 44	133,614	131,519	34	67	1,222	2,351
45 - 64	136,934	135,285	42	58	1,471	2,099
65 and over	66,293	83,983	60	99	2,132	3,460
All Beneficiaries	**515,084**	**521,200**	**115**	**144**	**5,372**	**6,474**
C. Chiropractors						
Under 1	7,020	6,645	113	108	1,671	1,592
1 - 4	26,858	25,704	67	53	1,050	814
5 - 14	66,216	63,589	164	182	2,399	2,644
15 - 24	78,149	74,475	342	595	4,589	7,939
25 - 44	133,614	131,519	815	1,356	10,664	18,183
45 - 64	136,934	135,285	1,159	1,645	14,867	21,109
65 and over	66,293	83,983	805	920	10,654	12,365
All Beneficiaries	**515,084**	**521,200**	**701**	**1,029**	**9,172**	**13,577**
D. Dentists						
Under 1	7,020	6,645	1	0	217	0
1 - 4	26,858	25,704	0	0	10	14
5 - 14	66,216	63,589	16	18	1,039	1,035
15 - 24	78,149	74,475	27	40	3,292	4,700
25 - 44	133,614	131,519	14	24	1,472	2,078
45 - 64	136,934	135,285	23	33	1,821	2,642
65 and over	66,293	83,983	14	19	1,216	1,354
All Beneficiaries	**515,084**	**521,200**	**18**	**26**	**1,740**	**2,231**

Notes: 1) Includes out-of-province services and costs.
2) Excludes payments for specialist and rural emergency coverage programs.
3) Includes optometric and chiropractic services covered by the Supplementary Health Program.
4) See "Data Limitations" on page 10.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2008-09 Number of Beneficiaries	2008-09 % of Beneficiaries	2008-09 % of Payments	2008-09 % of Services	2009-10 Number of Beneficiaries	2009-10 % of Beneficiaries	2009-10 % of Payments	2009-10 % of Services
A. Physicians Only								
$ 0.00[1]	158,288	15.3	--	<0.1	146,462	14.1	--	<0.1
$ 0.01 - $ 25.00	7,647	0.7	0.0	0.1	8,224	0.8	0.0	0.1
$ 25.01 - $ 50.00	95,487	9.2	0.7	1.0	97,344	9.4	0.7	1.0
$ 50.01 - $ 100.00	131,752	12.7	2.1	3.0	131,356	12.7	2.0	3.0
$100.01 - $ 250.00	229,921	22.2	8.4	11.4	232,802	22.5	8.3	11.3
$250.01 - $ 500.00	173,845	16.8	13.8	17.0	176,452	17.0	13.5	16.8
$500.01 - $1,000.00	124,389	12.0	19.2	21.1	125,821	12.1	18.8	20.8
$1,000.01-$1,500.00	47,525	4.6	12.8	12.7	48,264	4.7	12.6	12.6
$1,500.01-$2,000.00	25,977	2.5	9.9	8.6	26,349	2.5	9.8	8.6
$2,000.01-$5,000.00	34,819	3.4	22.0	17.8	36,815	3.6	22.6	18.3
Over $5,000.00	5,894	0.6	11.0	7.2	6,395	0.6	11.7	7.6
Total	**1,035,544**	**100.0**	**100.0**	**100.0**	**1,036,284**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	929,144	89.7	--	<0.1	925,655	89.3	--	<0.1
$ 0.01 - $ 25.00	1,892	0.2	0.7	1.5	1,606	0.2	0.6	1.2
$ 25.01 - $ 50.00	12,397	1.2	9.5	9.9	8,886	0.9	6.1	6.7
Over $50.00	92,111	8.9	89.7	88.6	100,137	9.7	93.3	92.1
Total	**1,035,544**	**100.0**	**100.0**	**100.0**	**1,036,284**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	910,293	87.9	--	0.1	907,982	87.6	--	0.0
$ 0.01 - $ 25.00	27,791	2.7	4.2	4.0	28,420	2.7	4.2	4.0
$ 25.01 - $ 50.00	31,146	3.0	10.0	9.7	31,605	3.0	9.9	9.6
$ 50.01 - $ 100.00	30,592	3.0	19.3	19.5	31,113	3.0	19.0	19.3
$100.01 - $ 250.00	27,368	2.6	37.0	38.0	28,471	2.7	37.5	38.4
$250.01 - $ 500.00	6,842	0.7	19.9	20.1	7,204	0.7	20.3	20.4
Over $500.00	1,512	0.1	9.6	8.6	1,489	0.1	9.2	8.3
Total	**1,035,544**	**100.0**	**100.0**	**100.0**	**1,036,284**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.

2) Excludes payments for specialist and rural emergency coverage programs.

3) Includes optometric and chiropractic services covered by the Supplementary Health Program.

4) See "Data Limitations" on page 10.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	7,020	8,513	100.00	14.36	716.65	11.84	590.96	49.90
	F	6,645	8,252	100.00	13.39	638.23	10.78	513.94	47.67
	T	13,665	16,765	100.00	13.89	678.52	11.32	553.05	48.86
1 - 4	M	26,858	24,502	91.23	6.99	302.39	7.66	331.46	43.27
	F	25,704	23,201	90.26	6.33	272.46	7.02	301.86	43.01
	T	52,562	47,703	90.76	6.67	287.75	7.35	317.06	43.15
5 - 9	M	32,022	24,878	77.69	4.77	167.21	6.13	215.22	35.08
	F	30,802	23,798	77.26	4.40	149.53	5.70	193.54	33.96
	T	62,824	48,676	77.48	4.59	158.54	5.92	204.62	34.56
10 - 14	M	34,194	24,382	71.30	4.19	142.13	5.87	199.32	33.95
	F	32,787	23,780	72.53	4.08	134.97	5.63	186.10	33.07
	T	66,981	48,162	71.90	4.13	138.63	5.75	192.79	33.53
15 - 19	M	39,093	27,888	71.34	4.51	170.47	6.32	238.96	37.79
	F	36,894	31,222	84.63	7.66	285.10	9.06	336.89	37.20
	T	75,987	59,110	77.79	6.04	226.12	7.77	290.69	37.42
20 - 24	M	39,056	27,435	70.25	4.46	172.47	6.34	245.53	38.70
	F	37,581	35,023	93.19	11.53	459.92	12.38	493.51	39.88
	T	76,637	62,458	81.50	7.93	313.43	9.73	384.58	39.54
25 - 29	M	36,506	26,140	71.60	4.93	188.02	6.88	262.59	38.14
	F	35,384	33,339	94.22	13.82	598.44	14.67	635.15	43.29
	T	71,890	59,479	82.74	9.31	390.03	11.25	471.42	41.91
30 - 34	M	33,012	24,206	73.32	5.49	213.69	7.49	291.43	38.94
	F	32,440	30,010	92.51	13.49	579.55	14.58	626.48	42.97
	T	65,452	54,216	82.83	9.45	395.02	11.41	476.89	41.79
35 - 39	M	31,174	23,463	75.26	6.15	240.75	8.17	319.87	39.14
	F	31,045	27,891	89.84	11.83	475.11	13.16	528.83	40.18
	T	62,219	51,354	82.54	8.98	357.68	10.88	433.36	39.82
40 - 44	M	32,922	24,479	74.35	6.60	259.61	8.88	349.15	39.31
	F	32,650	28,423	87.05	10.83	427.58	12.44	491.17	39.49
	T	65,572	52,902	80.68	8.71	343.25	10.79	425.46	39.42
45 - 49	M	39,365	30,409	77.25	7.72	308.82	9.99	399.78	40.01
	F	39,395	34,936	88.68	11.74	457.23	13.24	515.59	38.94
	T	78,760	65,345	82.97	9.73	383.05	11.73	461.69	39.36
50 - 54	M	38,659	31,589	81.71	9.09	371.93	11.13	455.17	40.90
	F	38,072	34,591	90.86	12.73	504.98	14.01	555.79	39.66
	T	76,731	66,180	86.25	10.90	437.94	12.64	507.77	40.18
55 - 59	M	32,770	28,685	87.53	11.17	492.92	12.76	563.11	44.13
	F	31,801	29,973	94.25	14.02	574.04	14.87	609.05	40.95
	T	64,571	58,658	90.84	12.57	532.87	13.84	586.59	42.38
60 - 64	M	26,140	24,186	92.52	14.63	657.48	15.82	710.60	44.93
	F	26,017	25,005	96.11	16.20	669.59	16.85	696.69	41.34
	T	52,157	49,191	94.31	15.41	663.52	16.34	703.53	43.05
65 - 69	M	19,305	18,274	94.66	17.52	822.07	18.51	868.45	46.92
	F	19,984	19,257	96.36	18.37	804.20	19.06	834.57	43.78
	T	39,289	37,531	95.53	17.95	812.98	18.79	851.06	45.28
70 - 74	M	15,674	15,156	96.70	21.97	1030.03	22.72	1065.24	46.89
	F	17,187	16,866	98.13	21.16	916.14	21.56	933.58	43.30
	T	32,861	32,022	97.45	21.54	970.46	22.11	995.89	45.05
75 & Over	M	31,314	32,537	100.00	28.76	1225.35	27.68	1179.29	42.60
	F	46,812	48,118	100.00	26.67	1031.29	25.95	1003.30	38.67
	T	78,126	80,655	100.00	27.51	1109.07	26.65	1074.30	40.32
Total all ages	**M**	**515,084**	**416,722**	**80.90**	**9.11**	**382.46**	**11.26**	**472.73**	**41.98**
	F	**521,200**	**473,685**	**90.88**	**12.81**	**517.60**	**14.10**	**569.52**	**40.39**
	T	**1,036,284**	**890,407**	**85.92**	**10.97**	**450.43**	**12.77**	**524.22**	**41.05**

[1] As at June 30, 2009.

[2] Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.

2) See "Data Limitations" on page 10.

Table 7
Services by Type of Service

Type of Service[1]	Number of Services (000's) 2008-09	Number of Services (000's) 2009-10	Number of Services Per 1,000 Beneficiaries 2008-09	Number of Services Per 1,000 Beneficiaries 2009-10	Per Cent Change 2008-09 to 2009-10
In-Province Physician Services	**10,574.4**	**10,775.1**	**10,211**	**10,398**	**1.83**
Consultations	483.7	496.0	467	479	2.47
Major Assessments	466.5	476.8	450	460	2.14
Other Assessments	4,073.9	4,078.4	3,934	3,936	0.04
Psychotherapy/Counselling	388.9	394.4	376	381	1.32
	5,413.1	**5,445.6**	**5,227**	**5,255**	**0.53**
Hospital Care	**600.4**	**626.9**	**580**	**605**	**4.33**
Special Calls and Emergency	**252.9**	**252.2**	**244**	**243**	**-0.34**
Major Surgery	115.0	122.4	111	118	6.40
Minor Surgery	208.6	212.1	201	205	1.63
Surgical Assistance	130.0	135.2	126	130	3.89
Obstetrics	25.9	27.9	25	27	7.82
Anaesthesia	616.5	668.2	595	645	8.31
	1,096.0	**1,165.9**	**1,058**	**1,125**	**6.30**
Diagnostic Radiology	271.5	271.0	262	262	-0.27
Laboratory Services	372.5	353.2	360	341	-5.24
Other Diagnostic and Therapeutic Services	1,677.3	1,737.3	1,620	1,676	3.50
Special and Miscellaneous Services	890.7	923.1	860	891	3.56
	3,212.0	**3,284.5**	**3,102**	**3,169**	**2.18**
In-Province Dental Services	**18.1**	**22.3**	**17**	**22**	**23.49**
In-Province Optometric Services	**124.0**	**131.1**	**120**	**127**	**5.62**
Refractions by Optometrists	91.2	94.0	88	91	2.99
Other Optometric Services[2]	32.8	37.1	32	36	12.94
In-Province Chiropractic Services	**852.0**	**878.2**	**823**	**847**	**3.00**
Chiropractic Visit Services	851.8	877.9	823	847	3.00
Chiropractic X-Ray Services	0.2	0.3	0	0	11.40
Out-of-Province Services					
Physician Services	604.7	595.6	584	575	-1.57
Dental Services	0.1	0.1	--	--	--
Optometric Services	2.6	3.2	2	3	22.52
Chiropractic Services	19.6	19.1	19	18	-2.65
All Services	**12,195.4**	**12,424.6**	**11,777**	**11,990**	**1.81**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 8
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2008-09	Dollar Payments (000's) 2009-10	Dollar Payments Per 1,000 Beneficiaries 2008-09	Dollar Payments Per 1,000 Beneficiaries 2009-10	Per Cent Change 2008-09 to 2009-10
In-Province Physician Services	**429,704**	**442,601**	**414,955**	**427,104**	**2.93**
Consultations	50,544	52,200	48,809	50,372	3.20
Major Assessments	27,761	27,864	26,808	26,889	0.30
Other Assessments	134,419	134,378	129,805	129,673	-0.10
Psychotherapy/Counselling	15,253	15,428	14,729	14,887	1.08
	227,977	**229,870**	**220,152**	**221,822**	**0.76**
Hospital Care	**15,676**	**16,537**	**15,138**	**15,958**	**5.42**
Special Calls and Emergency	**5,721**	**5,665**	**5,524**	**5,467**	**-1.05**
Major Surgery	40,219	43,263	38,839	41,748	7.49
Minor Surgery	6,119	6,267	5,909	6,047	2.33
Surgical Assistance	9,622	10,459	9,292	10,093	8.62
Obstetrics	9,872	10,380	9,533	10,016	5.07
Anaesthesia	26,280	28,487	25,378	27,489	8.32
	92,113	**98,855**	**88,952**	**95,394**	**7.24**
Diagnostic Radiology	12,083	11,930	11,669	11,512	-1.34
Laboratory Services	1,445	1,375	1,395	1,327	-4.88
Other Diagnostic and Therapeutic Services	59,417	62,850	57,377	60,650	5.70
Special and Miscellaneous Services[2]	15,271	15,518	14,747	14,975	1.55
	88,216	**91,674**	**85,189**	**88,464**	**3.84**
In-Province Dental Services	**1,840**	**2,013**	**1,777**	**1,943**	**9.31**
In-Province Optometric Services	**5,548**	**5,983**	**5,358**	**5,774**	**7.76**
Refractions by Optometrists	4,618	4,901	4,459	4,729	6.06
Other Optometric Services[3]	931	1,082	899	1,044	16.18
In-Province Chiropractic Services	**11,210**	**11,557**	**10,825**	**11,152**	**3.02**
Chiropractic Visit Services	11,200	11,546	10,816	11,142	3.02
Chiropractic X-Ray Services	10	11	10	11	11.57
Out-of-Province Services					
Physician Services	28,358	30,259	27,385	29,199	6.63
Dental Services	42	46	40	45	11.44
Optometric Services	127	158	122	153	24.84
Chiropractic Services	247	244	239	235	-1.53
All Services	**477,076**	**492,861**	**460,701**	**475,604**	**3.23**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist emergency coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to dentists and dental surgeons in 2009-10.
3) Payments for services in the United States are not adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" on page 10.

Table 9
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2008-09 General Practitioners ($)	2008-09 Specialists ($)	2008-09 All Practitioners ($)	2009-10 General Practitioners ($)	2009-10 Specialists ($)	2009-10 All Practitioners ($)
In-Province Physician Services	**30.08**	**58.33**	**40.64**	**30.05**	**58.93**	**41.08**
Consultations	72.34	106.18	104.4873	71.88	106.82	105.24
Major Assessments	56.32	74.02	59.51	55.29	73.23	58.44
Other Assessments	31.93	42.42	33.00	31.89	42.05	32.95
Psychotherapy/Counselling	32.73	60.48	39.22	33.57	64.94	39.12
	34.37	**73.73**	**42.12**	**34.28**	**73.93**	**42.21**
Hospital Care	**26.37**	**25.74**	**26.11**	**26.72**	**25.91**	**26.38**
Special Calls and Emergency	**22.45**	**22.92**	**22.62**	**22.26**	**22.80**	**22.46**
Major Surgery	248.61	354.01	349.78	245.07	357.44	353.36
Minor Surgery	17.56	66.81	29.34	17.10	68.62	29.54
Surgical Assistance	66.02	131.43	73.99	67.40	148.62	77.36
Obstetrics	443.59	343.08	381.40	432.65	337.95	371.68
Anaesthesia	38.32	43.14	42.63	39.27	43.01	42.63
	52.04	**99.24**	**84.04**	**51.96**	**99.58**	**84.79**
Diagnostic Radiology	0.00	44.50	44.50	0.00	44.02	44.02
Laboratory Services	3.84	4.53	3.88	3.86	4.44	3.89
Other Diagnostic and Therapeutic Services	12.79	41.20	35.42	13.29	42.06	36.18
Special and Miscellaneous Services[2]	9.08	14.15	10.07	9.17	14.27	10.21
	8.67	**38.67**	**25.50**	**8.96**	**39.11**	**26.06**
In-Province Dental Services	**--**	**--**	**101.76**	**--**	**--**	**90.07**
In-Province Optometric Services	**--**	**--**	**44.73**	**--**	**--**	**45.63**
Refractions by Optometrists	--	--	50.62	--	--	52.13
Other Optometric Services[3]	--	--	28.36	--	--	29.17
In-Province Chiropractic Services	**--**	**--**	**13.16**	**--**	**--**	**13.16**
Chiropractic Visit Services	--	--	13.15	--	--	13.15
Chiropractic X-Ray Services	--	--	40.77	--	--	40.83
Out-of-Province Services						
Physician Services	39.85	51.16	46.90	44.26	54.75	50.80
Dental Services	--	--	601.53	--	--	508.62
Optometric Services	--	--	49.22	--	--	50.15
Chiropractic Services	--	--	12.64	--	--	12.79
All Services	**30.41**	**57.70**	**39.12**	**30.52**	**58.59**	**39.67**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to dentists and dental surgeons in 2009-10.
3) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	2008-09	2009-10	2008-09	2009-10
In-Province Physician Services	**86.71**	**86.72**	**90.07**	**89.80**
Consultations	3.97	3.99	10.59	10.59
Major Assessments	3.82	3.84	5.82	5.65
Other Assessments	33.41	32.83	28.18	27.26
Psychotherapy/Counselling	3.19	3.17	3.20	3.13
	44.39	**43.83**	**47.79**	**46.64**
Hospital Care	**4.92**	**5.05**	**3.29**	**3.36**
Special Calls and Emergency	**2.07**	**2.03**	**1.20**	**1.15**
Major Surgery	0.94	0.99	8.43	8.78
Minor Surgery	1.71	1.71	1.28	1.27
Surgical Assistance	1.07	1.09	2.02	2.12
Obstetrics	0.21	0.22	2.07	2.11
Anaesthesia	5.06	5.38	5.51	5.78
	8.99	**9.38**	**19.31**	**20.06**
Diagnostic Radiology	2.23	2.18	2.53	2.42
Laboratory Services	3.05	2.84	0.30	0.28
Other Diagnostic and Therapeutic Services	13.75	13.98	12.45	12.75
Special and Miscellaneous Services[2]	7.30	7.61	3.20	3.15
	26.34	**26.44**	**18.49**	**18.60**
In-Province Dental Services	**0.15**	**0.18**	**0.39**	**0.41**
In-Province Optometric Services	**1.02**	**1.06**	**1.16**	**1.21**
Refractions by Optometrists	0.75	0.76	0.97	0.99
Other Optometric Services[3]	0.27	0.30	0.20	0.22
In-Province Chiropractic Services	**6.99**	**7.07**	**2.35**	**2.34**
Chiropractic Visit Services	6.98	7.07	2.35	2.34
Chiropractic X-Ray Services	0.00	0.00	0.00	0.00
Out-of-Province Services				
Physician Services	4.96	4.79	5.94	6.14
Dental Services	0.00	0.00	0.01	0.01
Optometrist Services	0.02	0.03	0.03	0.03
Chiropractic Services	0.16	0.15	0.05	0.05
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program but excludes specialist emergency coverage program payments.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to dentists and dental surgeons in 2009-10.
3) See "Data Limitations" on page 10.

Table 11
Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**9,926.1**	**93.5**	**22.3**	**271.6**	**1,270.4**	**7,055.3**	**962.8**	**197.7**	**52.5**
Specialists									
Paediatricians and Medical Geneticists	1,013.3	0.9	1.4	22.4	44.9	852.8	25.2	65.6	0.1
Internists and Physiatrists	3,265.2	9.2	10.3	96.1	213.5	2,441.2	141.5	350.5	3.0
Neurologists	234.2	1.7	0.7	7.4	33.7	175.9	12.2	2.6	0.0
Psychiatrists	803.7	1.7	5.9	44.3	50.2	623.3	77.0	1.4	0.0
Dermatologists	150.5	15.6	0.5	3.3	6.9	118.3	5.7	0.2	0.0
Anaesthetists	2,649.5	4.2	10.4	113.4	126.0	2,215.2	137.4	41.2	1.7
General and Thoracic Surgeons	3,262.4	5.3	1.8	73.3	208.8	2,618.7	76.1	277.8	0.6
Orthopaedic Surgeons	1,116.7	3.9	10.7	34.7	165.2	799.0	73.3	29.5	0.6
Plastic and Reconstructive Surgeons	490.3	0.6	0.0	26.6	29.7	268.2	37.9	127.3	0.0
Neurological Surgeons	301.0	1.7	0.3	11.7	63.2	198.2	18.6	5.8	1.7
Obstetricians and Gynaecologists	1,034.5	6.4	0.4	53.0	71.0	868.7	30.2	3.9	0.8
Urological Surgeons	294.8	0.8	0.7	12.9	24.4	226.1	22.0	7.9	0.0
Ophthalmologists	657.1	1.8	1.6	23.3	52.3	535.6	33.0	9.3	0.1
Otolaryngologists	570.8	1.2	0.3	8.1	16.2	484.9	19.9	39.5	0.6
Pathologists	2,968.1	0.4	0.9	62.4	16.0	2,781.3	86.4	20.3	0.3
Diagnostic Radiologists	1,598.9	2.5	1.0	55.2	165.9	1,280.2	37.1	56.7	0.4
All Physicians	**30,337.3**	**151.5**	**69.1**	**919.8**	**2,558.2**	**23,543.0**	**1,796.0**	**1,237.2**	**62.5**
Dentists	46.3	1.2	5.2	3.5	25.6	8.7	0.4	1.4	0.4
Optometrists	158.3	0.0	0.2	0.0	25.7	131.7	0.2	0.5	0.0
Chiropractors	243.7	0.2	0.9	0.9	86.4	148.1	4.7	2.4	0.1

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12
Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary: Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**4,070.5**	**27.9**	**6.5**	**54.3**	**34.8**	**443.9**	**1,246.3**	**1,707.5**	**502.1**	**26.6**	**12.9**	**7.8**
Specialists												
Paediatricians and Medical Geneticists	159.9	0.3	0.2	0.6	0.3	14.8	68.6	64.1	9.7	0.3	0.6	0.5
Internists and Physiatrists	505.1	0.8	0.0	2.8	3.6	50.6	179.4	193.1	69.5	2.7	1.7	0.9
Neurologists	41.8	0.2	0.0	0.0	0.6	6.3	11.8	19.6	2.8	0.5	0.1	0.0
Cardiologists	276.5	0.1	0.9	3.4	6.0	31.0	83.3	112.7	34.1	0.2	4.9	0.0
Psychiatrists	156.7	5.7	0.2	1.2	1.2	29.9	14.7	65.9	33.4	0.5	1.5	2.5
Dermatologists	21.0	0.2	0.1	0.0	0.2	2.7	10.1	5.5	2.2	0.0	0.1	0.0
Anaesthetists	526.2	0.8	0.0	1.3	5.1	42.9	188.3	223.5	60.5	1.3	1.8	0.8
General Surgeons	619.6	1.2	0.2	2.4	2.3	24.2	209.7	333.9	41.6	3.5	0.6	0.0
Cardiac Surgeons	121.6	0.0	0.0	0.2	0.0	12.6	62.7	26.8	19.2	0.0	0.0	0.0
Orthopaedic Surgeons	349.3	0.9	0.2	1.6	3.2	30.5	87.2	187.0	38.0	0.3	0.1	0.3
Plastic and Reconstructive Surgeons	94.6	0.1	0.0	1.1	2.9	12.2	21.0	46.8	10.4	0.0	0.0	0.1
Neurological Surgeons	125.2	0.4	0.0	0.3	0.2	10.0	37.2	59.5	17.3	0.0	0.1	0.1
Obstetricians and Gynaecologists	576.6	1.3	0.1	1.5	3.5	30.0	353.5	159.2	23.7	1.4	0.9	1.4
Urological Surgeons	90.9	0.7	0.0	0.1	0.4	2.7	48.3	31.9	6.2	0.2	0.1	0.2
Ophthalmologists	711.5	0.9	0.1	0.6	0.6	12.3	525.3	155.9	13.5	0.1	1.6	0.6
Otolaryngologists	184.0	0.5	0.1	0.2	0.5	6.4	63.7	103.8	7.7	0.1	0.1	1.0
Pathologists	411.7	2.5	0.0	4.5	3.8	81.9	56.6	183.2	69.5	4.7	1.8	3.2
Diagnostic Radiologists	556.5	1.7	0.6	4.5	4.9	50.4	121.8	325.8	40.2	3.1	1.5	2.0
All Physicians	**9,599.2**	**46.0**	**9.4**	**80.7**	**74.0**	**895.5**	**3,389.3**	**4,005.8**	**1,001.5**	**45.5**	**30.3**	**21.3**

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments ($000's) for Out-of-Province Hospital Services
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Organ Procurement Transplant	**14.0**	0.0	0.0	0.0	0.0	14.0	0.0	0.0	0.0
Bone Marrow/Stem Cell Transplant	**1,065.3**	0.0	199.7	114.0	616.2	135.4	0.0	0.0	0.0
Lung Transplant	**649.2**	0.0	0.0	0.0	0.0	649.2	0.0	0.0	0.0
Liver Transplant	**817.4**	0.0	0.0	207.5	0.0	609.9	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement	**193.0**	0.0	9.9	166.4	0.0	16.7	0.0	0.0	0.0
Special Out-of-Country	**1,848.1**	0.0	0.0	0.0	0.0	0.0	0.0	1,848.1	0.0
Out-of-Country Pre-Approved	**3.4**	0.0	0.0	0.0	0.0	0.0	0.0	3.4	0.0
Defibrillator Pacemaker Implantation	**700.3**	0.0	0.0	21.3	0.0	678.9	0.0	0.0	0.0
Heart or Heart and Lung Transplant	**615.9**	0.0	0.0	0.0	0.0	615.9	0.0	0.0	0.0
Cochlear Implant	**665.9**	0.0	0.0	0.0	0.0	0.0	0.0	665.9	0.0
Other Pacemaker Insertion or Replacement	**495.4**	0.0	0.0	0.0	0.0	495.4	0.0	0.0	0.0
Kidney or Kidney and Pancreas Transplant	**168.4**	0.0	0.0	0.0	0.0	168.4	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**1,660.8**	1.8	0.0	42.9	156.9	1,218.9	232.0	5.4	2.9
II. Neoplasms	**4,654.5**	2.6	56.6	272.1	538.4	3,166.1	613.5	2.5	2.7
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**477.5**	3.7	0.0	0.0	1.6	421.2	49.5	0.7	0.7
IV. Diseases of Blood & Blood-Forming Organs	**627.2**	7.3	0.0	37.6	18.2	543.3	19.6	1.2	0.0
V. Mental Disorders	**2,868.4**	33.5	0.0	279.4	506.7	1,517.2	530.0	1.3	0.2
VI. Diseases of Nervous System & Sense Organs	**1,182.6**	78.3	5.3	4.9	67.7	895.7	89.4	41.0	0.5
VII. Diseases of the Circulatory System	**6,509.6**	59.5	120.6	389.8	380.4	5,014.8	503.7	20.2	20.6
VIII. Diseases of the Respiratory System	**3,515.0**	14.7	13.7	59.5	196.5	2,954.8	261.0	8.5	6.4
IX. Diseases of the Digestive System	**3,576.3**	20.9	17.7	133.6	383.2	2,625.3	376.4	12.6	6.7
X. Diseases of the Genitourinary System	**1,042.9**	14.6	13.5	40.7	270.1	535.4	164.5	1.9	2.2
XI. Complications of Pregnancy, Childbirth & the Puerperium	**1,312.8**	25.3	1.0	80.1	318.0	850.3	36.9	0.3	0.8
XII. Diseases of the Skin & Subcutaneous Tissue	**523.6**	9.8	8.7	50.4	41.8	368.2	42.2	2.0	0.4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,584.3**	16.4	47.7	73.6	169.7	1,154.9	120.2	0.0	1.8
XIV. Congenital Anomalies	**5,110.4**	0.0	11.0	226.4	30.0	4,776.1	10.3	56.6	0.0
XV. Certain Conditions Originating in the Perinatal Period	**1,926.0**	19.4	0.0	5.7	284.0	1,589.5	27.5	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions	**3,099.5**	87.0	0.0	122.3	144.6	2,620.4	115.5	4.5	5.3
XVII. Injury and Poisoning	**6,443.2**	40.7	63.8	357.1	325.2	5,037.3	591.6	13.8	13.6
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**2,523.3**	47.5	2.7	292.1	460.5	1,528.1	192.0	0.0	0.3
Outpatient Treatment									
Standard Outpatient Visit	**12,352.3**	359.3	110.9	552.6	1,574.9	8,233.2	1,418.4	78.6	24.4
Day Care Surgery	**2,192.0**	14.9	3.7	67.8	602.1	1,346.9	154.2	1.2	1.3
Haemodialysis	**1,233.7**	1.4	0.0	8.1	115.6	1,058.7	48.8	0.7	0.5
Computerized Axial Tomography (CAT Scan)	**1,549.9**	14.7	22.0	59.5	532.2	736.7	184.9	0.0	0.0
Magnetic Resonance Imaging (MRI)	**597.8**	3.1	2.6	27.7	115.9	433.1	15.4	0.0	0.0
Positron Emission Tomography (PET Scan)	**327.0**	0.0	0.0	0.0	113.8	208.8	4.5	0.0	0.0
Radiotherapy Services	**286.8**	0.0	0.0	29.8	23.7	203 6	29.8	0.0	0.0
Cancer Chemotherapy Visit	**530.2**	15.0	0.0	43.2	80.9	385.8	5.4	0.0	0.0
Gamma Knife Procedure	**748.0**	0.0	0.0	0.0	731.0	0.0	0.0	17.0	0.0
Brachytherapy	**650.4**	0.0	0.0	3.1	112.0	119.8	415.5	0.0	0.0
Special Out-of-Country	**1,543.7**	0.0	0.0	0.0	0.0	0.0	0.0	1,529.3	14.5
Other Outpatient Treatment	**1,295.2**	7.4	2.0	100.0	219.9	741.3	82.1	142.6	0.0
Total	**79,181.3**	**898.9**	**713.2**	**3,869.0**	**9,131.5**	**53,668.9**	**6,334.6**	**4,459.4**	**105.8**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment -- High Cost Procedures -- Cases									
Organ Procurement Transplant	1	0	0	0	0	1	0	0	0
Bone Marrow/Stem Cell Transplant	7	0	1	1	4	1	0	0	0
Lung Transplant	4	0	0	0	0	4	0	0	0
Liver Transplant	8	0	0	2	0	6	0	0	0
Cardiac Surgery with or without Valve Replacement	5	0	2	2	0	1	0	0	0
Special Out-of-Country	18	0	0	0	0	0	0	18	0
Out-of-Country Pre-Approved	1	0	0	0	0	0	0	1	0
Defibrillator Pacemaker Implantation	35	0	0	1	0	34	0	0	0
Heart or Heart and Lung Transplant	6	0	0	0	0	6	0	0	0
Cochlear Implant	0	0	0	0	0	0	0	0	0
Other Pacemaker Insertion or Replacement	3	0	0	0	0	3	0	0	0
Kidney or Kidney and Pancreas Transplant	6	0	0	0	0	6	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases									
I. Infectious & Parasitic Diseases	114	1	0	5	12	59	13	8	16
II. Neoplasms	426	1	1	39	53	285	40	4	3
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	76	1	0	0	2	52	12	4	5
IV. Diseases of Blood & Blood-Forming Organs	59	1	0	3	1	44	6	4	0
V. Mental Disorders	220	4	0	24	31	120	36	4	1
VI. Diseases of Nervous System & Sense Organs	200	3	2	2	13	153	19	7	1
VII. Diseases of the Circulatory System	719	5	7	51	40	435	103	59	19
VIII. Diseases of the Respiratory System	406	6	2	14	39	265	43	22	15
IX. Diseases of the Digestive System	560	7	5	32	91	305	56	36	28
X. Diseases of the Genitourinary System	212	2	1	8	35	126	25	9	6
XI. Complications of Pregnancy, Childbirth & the Puerperium	509	6	1	29	95	352	22	2	2
XII. Diseases of the Skin & Subcutaneous Tissue	58	2	1	7	11	22	5	8	2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	331	4	7	8	52	236	20	0	4
XIV. Congenital Anomalies	230	0	2	17	8	200	2	1	0
XV. Certain Conditions Originating in the Perinatal Period	96	2	0	4	20	66	4	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions	472	16	0	26	48	296	39	25	22
XVII. Injury and Poisoning	673	10	5	38	66	421	72	34	27
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	665	8	2	27	95	505	27	0	1
Outpatient Treatment -- Services									
Standard Outpatient Visit	54,473	1,599	474	2,403	6,951	35,387	6,118	979	562
Day Care Surgery	2,350	16	5	72	645	1,420	164	15	13
Haemodialysis	2,626	3	0	17	245	2,235	103	14	9
Computerized Axial Tomography (CAT Scan)	2,345	22	33	92	811	1,107	280	0	0
Magnetic Resonance Imaging (MRI)	918	5	4	43	179	663	24	0	0
Positron Emission Tomography (PET Scan)	260	0	0	0	91	166	3	0	0
Radiotherapy Services	998	0	0	102	83	710	103	0	0
Cancer Chemotherapy Visit	494	13	0	41	74	361	5	0	0
Gamma Knife Procedure	44	0	0	0	43	0	0	1	0
Brachytherapy	77	0	0	3	24	15	35	0	0
Special Out-of-Country	586	0	0	0	0	0	0	584	2
Other Outpatient Treatment	8,141	178	47	19	3,291	3,988	608	10	0
Total	**79,432**	**1,915**	**602**	**3,132**	**13,153**	**50,056**	**7,987**	**1,849**	**738**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

4) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	**188.4**	10.3	0.0	22.1	31.7	41.2	83.1
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**205.3**	4.0	1.0	9.6	70.6	100.6	19.6
II. Neoplasms	**631.8**	27.1	23.2	26.8	297.8	163.1	93.9
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**93.0**	0.0	0.0	12.5	58.7	10.7	11.1
IV. Diseases of Blood and Blood-Forming Organs	**97.1**	9.4	0.0	5.2	69.5	13.0	0.0
V. Mental Disorders	**2,472.0**	88.3	34.0	215.9	159.6	1,469.5	504.7
VI. Diseases of the Nervous System & Sense Organs	**239.4**	19.4	0.0	85.0	41.1	83.7	10.2
VII. Diseases of the Circulatory System	**2,410.4**	131.0	13.0	265.3	926.6	759.4	315.0
VIII. Diseases of the Respiratory System	**934.8**	54.5	0.0	55.1	324.5	466.2	34.5
IX. Diseases of the Digestive System	**1,176.1**	30.3	16.5	106.6	419.4	429.8	173.6
X. Diseases of the Genitourinary System	**465.3**	17.7	4.4	22.4	228.1	115.6	77.1
XI. Complications of Pregnancy, Childbirth & the Puerperium	**902.0**	39.8	0.0	91.2	434.7	271.0	65.2
XII. Diseases of the Skin and Subcutaneous Tissue	**171.5**	6.1	0.0	4.5	38.6	94.3	28.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**644.4**	5.7	1.6	23.8	348.0	234.3	31.1
XIV. Congenital Anomalies	**44.9**	39.6	0.0	0.0	1.7	3.6	0.0
XV. Certain Conditions Originating in the Perinatal Period	**416.8**	2.7	0.0	1.7	266.5	121.9	24.0
XVI. Symptoms, Signs, and Ill-defined Conditions	**1,169.0**	44.6	5.5	98.2	555.7	331.4	133.5
XVII. Injury and Poisoning	**2,126.6**	54.2	33.1	213.2	640.6	943.6	242.0
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**534.5**	8.0	1.8	40.1	286.1	158.8	39.8
Outpatient Treatment							
Standard Outpatient Visit	**7,953.4**	364.7	81.1	781.9	2,483.1	3,257.9	984.8
Day Care Surgery	**1,643.9**	33.9	3.8	52.1	985.1	474.4	94.7
Haemodialysis	**149.9**	0.9	0.9	34.1	41.5	53.0	19.5
Computerized Axial Tomography (CAT Scan)	**336.3**	17.4	4.1	37.5	115.3	122.2	39.8
Magnetic Resonance Imaging (MRI)	**128.6**	5.1	3.3	10.4	28.1	63.4	18.2
Radiotherapy Services	**92.6**	3.8	0.0	8.9	47.8	24.2	8.0
Cancer Chemotherapy Visit	**67.4**	5.6	0.0	1.1	9.2	35.8	15.8
Other Outpatient Treatment	**66.5**	2.0	0.2	5.6	17.5	32.6	8.6
Total	**25,361.8**	**1,026.3**	**227.5**	**2,230.6**	**8,926.8**	**9,875.1**	**3,075.5**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b
Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s)	**21**	1	0	3	4	7	6
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases	**54**	2	1	4	25	15	7
II. Neoplasms	**88**	3	1	3	57	19	5
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**26**	0	0	2	15	6	3
IV. Diseases of Blood and Blood-Forming Organs	**23**	2	0	3	16	2	0
V. Mental Disorders	**250**	7	5	25	42	136	35
VI. Diseases of the Nervous System & Sense Organs	**42**	4	0	5	11	18	4
VII. Diseases of the Circulatory System	**356**	13	2	40	138	116	47
VIII. Diseases of the Respiratory System	**210**	11	0	17	67	96	19
IX. Diseases of the Digestive System	**328**	12	3	15	136	120	42
X. Diseases of the Genitourinary System	**148**	3	1	6	78	43	17
XI. Complications of Pregnancy, Childbirth & the Puerperium	**334**	8	0	24	183	105	14
XII. Diseases of the Skin and Subcutaneous Tissue	**34**	1	0	1	12	16	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**93**	2	1	4	45	34	7
XIV. Congenital Anomalies	**6**	2	0	0	2	2	0
XV. Certain Conditions Originating in the Perinatal Period	**60**	2	0	1	42	11	4
XVI. Symptoms, Signs, and Ill-defined Conditions	**335**	18	2	30	138	101	46
XVII. Injury and Poisoning	**312**	8	5	28	107	118	46
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**306**	6	2	14	186	83	15
Outpatient Treatment -- Services							
Standard Outpatient Visit	**34,276**	1,569	350	3,358	10,529	14,295	4,175
Day Care Surgery	**1,706**	36	4	56	1,011	498	101
Haemodialysis	**316**	2	2	72	87	112	41
Computerized Axial Tomography (CAT Scan)	**508**	26	6	56	176	184	60
Magnetic Resonance Imaging (MRI)	**199**	8	5	16	43	99	28
Radiotherapy Services	**369**	13	0	30	163	136	27
Cancer Chemotherapy Visit	**90**	5	0	1	10	59	15
Other Outpatient Treatment	**1,422**	53	4	124	306	752	183
Total	**41,912**	**1,817**	**394**	**3,938**	**13,629**	**17,183**	**4,951**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Standard Outpatient Visits on the day of admission and any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	22.4	29.2	99.5	21.9	24.1	7.2	13.5	60.9	3.2
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments									
Chronic Disease Mgmt Base[2]	52.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chronic Disease Mgmt Add-ons	63.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Major Assessments	276.4	13.5	15.1	0.5	1.8	3.6	2.3	4.8	0.0
Other Assessments	3,652.1	30.6	66.3	5.0	12.3	11.9	11.9	45.1	1.3
Hospital Care Days	363.3	33.7	144.8	10.2	28.7	9.6	0.0	24.0	0.2
Special Calls and Emergency									
Surcharges	155.5	6.9	15.3	2.9	3.1	1.1	0.3	12.3	0.3
Premiums	3.4	0.2	1.4	0.1	0.2	0.1	0.0	0.1	0.0
Psychotherapy/Counselling									
Base Time[2]	186.1	0.8	0.1	0.0	0.0	56.4	0.0	0.1	0.0
Additional Time	103.1	0.3	0.1	0.0	0.0	44.7	0.0	0.1	0.0
Major Surgery	4.4	0.0	0.5	0.4	0.0	0.0	0.1	17.4	8.3
Minor Surgery	160.9	0.0	0.6	0.0	0.2	0.0	7.7	7.0	0.3
Surgical Assistance	118.6	0.0	0.0	0.0	0.0	0.0	0.0	6.4	1.0
Obstetrics	9.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative	63.5	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals	4.7	0.0	0.3	0.1	0.0	0.0	0.0	0.1	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services	332.6	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Diagnostic Ultrasound	1.8	1.8	14.9	0.0	39.8	0.0	0.0	0.0	0.0
Other Diagnostic and									
Therapeutic Services	353.7	152.2	319.0	11.5	138.9	11.5	15.7	52.2	0.4
Special Services	151.7	0.1	0.1	0.0	0.0	0.0	0.7	10.9	0.0
Miscellaneous Services[3]	582.2	12.1	21.0	4.1	5.6	9.5	1.3	24.2	1.6
Total Services	**6,662.7**	**281.3**	**702.0**	**56.5**	**254.6**	**155.6**	**53.7**	**265.5**	**16.6**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Represents the number of instances these types of services were provided during the year.

[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation and the fee code for Saskatchewan Surgical Care Network prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15
(Continued)

Type of Physician									
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Obstetri-cians and Gynaeco-logists	Urological Surgeons	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathologists and Diagnostic Radiologists	**Total Services**
38.6	18.9	7.6	48.5	13.5	44.2	28.1	14.3	0.3	**496.0**
0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	**0.9**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**52.9**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**63.6**
0.8	0.1	0.1	8.8	3.3	21.4	7.0	0.0	0.1	**359.3**
44.6	15.2	4.9	69.8	6.1	74.7	23.1	3.7	0.0	**4,078.4**
2.0	0.2	3.8	4.8	1.0	0.2	0.4	0.0	0.0	**626.9**
5.1	1.8	1.3	7.5	0.8	1.1	1.0	17.6	0.3	**234.4**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.2	0.0	**17.8**
0.0	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0	**244.9**
0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0	0.0	**149.4**
21.4	9.6	5.3	7.5	5.4	33.2	8.7	0.0	0.1	**122.4**
1.6	10.5	0.1	1.6	1.3	13.6	6.7	0.0	0.1	**212.1**
1.1	0.8	0.5	4.9	1.7	0.0	0.2	0.0	0.1	**135.2**
0.0	0.0	0.0	17.9	0.0	0.0	0.0	0.0	0.0	**27.9**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	564.7	0.0	**631.2**
0.3	0.0	0.1	0.0	0.0	0.0	0.0	31.2	0.3	**37.0**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	271.0	**271.0**
0.0	0.0	0.0	20.4	0.0	0.0	0.0	0.0	0.0	**353.2**
0.0	0.0	0.0	21.1	0.7	11.1	0.0	0.3	134.5	**225.9**
16.0	3.3	1.1	24.7	9.8	274.0	91.9	8.9	26.5	**1,511.3**
0.0	0.4	0.0	20.0	0.0	0.0	0.0	0.0	0.0	**183.9**
17.7	2.6	3.0	24.6	6.3	11.8	11.1	0.1	0.4	**739.2**
149.3	**63.5**	**27.8**	**284.7**	**49.9**	**486.3**	**178.3**	**653.1**	**433.4**	**10,775.1**

Table 16
Selected In-Province Medical Procedures -- Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2008-09 to 2009-10
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	433,286	166.57	10,103.64	418.12	3.01
Allergy Investigations and Hyposensitization Injections	271,577	8.94	568.53	262.07	-2.04
Submission of Papanicolau Smear	116,224	204.79 [f]	2,937.10 [f]	222.99 [f]	-0.50
Artificial Extra Corporeal Haemodialysis	88,504	1.04	4,016.12	85.41	9.34
Plantar Wart Excision or Fulguration	30,403	12.85	494.63	29.34	1.24
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	30,111	23.58	1,415.68	29.06	5.43
Pulmonary Function Studies	28,714	17.15	1,116.07	27.71	2.51
Optical Coherence Tomography	25,656	19.19	1,006.04	24.76	18.22
Colonoscopy	21,735	20.40	3,653.07	20.97	0.23
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee	20,569	12.47	318.38	19.85	-1.71
Upper GI Endoscopy	16,405	13.73	1,886.74	15.83	1.29
Suturing of Wounds	13,495	12.31	848.08	13.02	-5.51
Delivery - Vaginal	10,212	19.31 [f]	12,938.50 [f]	19.59 [f]	6.57
- Caesarean	2,889	5.52 [f]	3,764.63 [f]	5.54 [f]	0.49
Cataract Extraction	12,234	7.99	5,438.87	11.81	0.74
Psychological Testing	10,453	4.63	393.88	10.09	12.17
Cystoscopy	9,520	7.58	831.50	9.19	2.87
Coronary Angiography	6,131	4.96	982.50	5.92	7.37
Fractures, Open Surgical or Closed Reduction	5,739	4.65	2,033.29	5.54	2.01
Cardiac Catheterization	5,562	4.47	668.38	5.37	4.49
Angioplasty	5,034	2.21	1,769.41	4.86	12.74
Sigmoidoscopy	4,220	3.66	223.37	4.07	-5.34
Hernia Repair	3,855	3.25	1,397.22	3.72	-1.98
Electroencephalograms or Echoencephalograms	3,845	3.15	96.30	3.71	9.90
Arthroplasty - Hip or Total Hip Replacement	1,621	1.49	1,256.54	1.56	3.90
- Knee or Total Knee Replacement	2,319	2.01	1,706.82	2.24	27.96
Arthroscopy	3,412	3.06	434.63	3.29	5.56
Gall Bladder or Other Biliary Tract Surgery	2,557	2.45	1,401.57	2.47	4.21
Vasectomy	2,053	3.96 [m]	932.55 [m]	3.99 [m]	8.26
Therapeutic Abortion	1,933	3.59 [f]	564.92 [f]	3.71 [f]	5.28
Tonsillectomy (With or Without Adenoidectomy)	1,605	1.55	385.57	1.55	-2.50
Hysterectomy - Abdominal or vaginal	1,612	3.08 [f]	1,390.48 [f]	3.09 [f]	9.96
Tubal Ligation	1,378	2.62 [f]	525.17 [f]	2.64 [f]	7.69
Dilatation and Curettage	1,281	2.39 [f]	365.37 [f]	2.46 [f]	12.16
Septoplasty or Submucous Resection	1,082	1.03	358.78	1.04	5.90
Electroconvulsive Therapy	1,165	0.18	75.99	1.12	19.52
Appendectomy	1,036	1.00	413.82	1.00	9.78
Varicose Veins (Ligation)	986	0.35	133.01	0.95	8.75
Genital Prolapse Repair	880	1.40 [f]	548.37 [f]	1.69 [f]	3.85
Coronary By-Pass	800	0.77	2,238.13	0.77	7.74
Prostatectomy (With or Without Vasectomy)	748	1.42 [m]	1,208.00 [m]	1.45 [m]	-3.35
Salpingectomy, Oophorectory &/or Ovarian Cystectc	642	1.19	422.18	1.23	18.56
Strabismus Operation	199	0.17	71.96	0.19	-6.2
Peptic Ulcer Surgery	139	0.12	92.75	0.13	19.74

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Note: See "Data Limitations" on page 10. Data comparability is affected by the extra pay run in 2007-08.

Table 17
Selected In-Province Medical Conditions -- Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000's)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis	V70	413	194.0	14,634	398
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	341	196.6	10,434	329
Hypertension	401 - 405	334	128.7	9,889	323
Diseases Affecting Genitourinary Tract	580 - 599, 788	348	80.1	13,719	335
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	213	82.8	9,289	206
Ischaemic Heart Disease	410 - 414	195	31.1	13,185	189
Diabetes Mellitus	250	265	52.5	7,615	256
Rheumatic Disease	725 - 729	152	78.2	5,852	147
Arthritis	710 - 716	162	55.3	7,437	156
Psychoses	295 -299	184	19.8	6,431	177
Otitis Media	381 - 382	114	51.3	3,977	110
Asthma	493	113	37.2	2,566	109
Bronchitis	466, 490 - 491	96	60.5	2,971	93
Neuroses	300	119	51.5	3,868	115
Eczema	690 - 692	101	50.7	2,597	98
Cataract	366	124	17.6	8,141	119
Vertebrogenic Pain Syndrome	724	111	48.5	5,138	107
Symptomatic Heart Disease	428 - 429	111	22.0	4,535	107
Cardiac Disrhythmias	427	107	21.2	3,921	104
Glaucoma	365	118	19.2	3,374	114
Hay Fever	477	69	7.6	578	67
Diarrheal Disease	009	64	34.6	2,407	62
Pneumonia	480 - 486	71	17.1	2,499	69
Disorders of Menstruation	Z082 & 626	65	49.2 [f]	4,516 [f]	124 [f]
Cerebrovascular Disease	430 - 438	61	7.9	2,456	59
Cellulitis and Abscess	681 - 682	57	25.2	1,879	55
Anaemias	280 - 285	49	17.4	1,859	48
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 - 616	50	38.7 [f]	2,882 [f]	96 [f]
Chronic Airways Obstruction	496	61	12.4	2,091	59
Myxedema	244	46	25.5	1,237	45
Gastritis and Duodenitis	535	25	14.9	827	24
Migraine	346	25	12.3	855	24
Alzheimer's Disease and Other Cerebral Degenerations	331	17	2.4	514	16
Menopausal Symptoms	627	21	21.1 [f]	1,341 [f]	41 [f]
Influenza	487	35	26.2	1,013	33
Varicose Veins of Lower Extremity	454	21	4.5	653	20
Disorders of Functions of Stomach	536 - 537	15	9.6	545	14
Hyperkinetic Syndrome of Childhood (ADHD)	314	19	4.8	800	18
Obesity	278	10	5.5	524	10
Epilepsy	345	12	3.8	398	11
Alcoholic Psychosis and Alcoholism	291 & 303	11	3.2	357	10
Multiple Sclerosis	340	13	2.2	453	12
Ulcers of Duodenum and Stomach	531 - 534	7	3.7	281	7

[1] Ninth Revision International Classification of Diseases, 1977.

[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Notes: 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

2) Comparison to the previous years' Annual Statistical Reports would be affected by the time of day, age and paediatric premiums which are no longer counted as individual services.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2004-05[1]	356		146		230	
		9.3		6.8		19.1
Still Practising in 2005-06[2]	323		136		186	
Practising in 2005-06[1]	370		150		231	
		11.9		13.3		18.6
Still Practising in 2006-07[2]	326		130		188	
Practising in 2006-07[1]	370		152		230	
		10.8		12.5		17.8
Still Practising in 2007-08[2]	330		133		189	
Practising in 2007-08[1]	401		159		227	
		16.5		11.9		15.4
Still Practising in 2008-09[2]	335		140		192	
Practising in 2008-09[1]	378		159		243	
		13.5		10.1		20.6
Still Practising in 2009-10[2]	327		143		193	
Practising in 2009-10[1]	364		160		230	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2004-05[1]	732		513		1,245	
		11.9		9.0		10.7
Still Practising in 2005-06[2]	645		467		1,112	
Practising in 2005-06[1]	751		521		1,272	
		14.2		10.0		12.5
Still Practising in 2006-07[2]	644		469		1,113	
Practising in 2006-07[1]	752		529		1,281	
		13.3		7.9		11.1
Still Practising in 2007-08[2]	652		487		1,139	
Practising in 2007-08[1]	787		566		1,353	
		15.2		7.6		12.0
Still Practising in 2008-09[2]	667		523		1,190	
Practising in 2008-09[1]	780		580		1,360	
		15.0		5.9		11.1
Still Practising in 2009-10[2]	663		546		1,209	
Practising in 2009-10[1]	754		600		1,354	

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2009-10 was 145, the difference between "Practising" (1,354) and "Still Practising" (1,209).

2) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

3) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10
General Practitioner[4]	**769**	**774**	**1.3**	**1.3**	**2.4**	**2.4**	**5.8**	**5.8**	**80.6**	**81.7**
Specialists[4]										
Paediatricians and Medical Geneticists	41	41	25.3	25.3	1.1	1.1	2.3	2.4	3.5	3.6
Internists and Physiatrists	105	109	9.9	9.5	1.9	1.8	4.0	3.9	13.0	12.6
Neurologists	12	14	86.3	74.0	1.9	1.7	2.7	2.7	2.0	2.1
Cardiologists	20	20	51.8	51.8	3.8	4.3	3.8	4.3	4.7	5.2
Psychiatrists	41	41	25.3	25.3	0.4	0.4	1.9	1.8	1.5	1.5
Dermatologists	4	4	258.9	259.1	4.3	4.2	7.9	7.8	1.7	1.7
Anaesthetists	85	90	12.2	11.5	0.9	0.9	1.0	1.1	5.6	6.0
General Surgeons	60	62	17.3	16.7	1.3	1.2	2.6	2.5	6.5	6.5
Cardiac Surgeons	7	7	147.9	148.0	0.6	0.7	1.0	1.0	0.3	0.3
Orthopaedic Surgeons	32	34	32.4	30.5	1.3	1.4	2.6	2.6	3.9	4.1
Plastic and Reconstructive Surgeons	14	14	74.0	74.0	1.5	1.5	2.9	2.9	1.9	2.0
Neurological Surgeons	10	10	103.6	103.6	0.9	0.9	1.6	1.8	0.8	0.8
Obstetricians and Gynaecologists	46	50	22.5	20.7	1.4	1.4	2.8	3.0	4.4	4.8
Urological Surgeons	13	14	79.7	74.0	1.7	1.5	2.5	2.3	1.8	1.8
Ophthalmologists	25	24	41.4	43.2	3.2	3.1	6.8	6.9	7.1	7.0
Otolaryngologists	14	14	74.0	74.0	2.7	2.7	4.9	4.9	3.5	3.5
Pathologists and Diagnostic Radiologists	50	54	20.7	19.2	5.0	4.8	0.2	0.2	18.9	19.3
All Specialists[4]	**579**	**602**	**1.8**	**1.7**	**1.8**	**1.8**	**2.7**	**2.6**	**43.1**	**43.1**
All Physicians[4]	**1,348**	**1,376**	**0.8**	**0.8**	**2.1**	**2.1**	**4.5**	**4.4**	**82.7**	**83.9**
Licensed Physicians[5]	1,836	1,882	0.6	0.6	--	--	--	--	--	--

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3] Less than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Metro Association	304	11	20	48	47	41	30	19	88
Metro Solo	71	15	21	10	11	9	1	2	2
Urban Association	129	0	10	24	18	24	13	9	31
Urban Solo	32	2	4	4	7	5	6	0	4
Rural Association	191	0	12	30	44	43	30	15	17
Rural Solo	47	3	10	11	5	14	3	1	0
All General Practitioners 2009-10	**774**	**31**	**77**	**127**	**132**	**136**	**83**	**46**	**142**
All General Practitioners 2008-09	769	34	62	148	130	118	87	60	130
Specialists									
Paediatricians and Medical Geneticists	41	10	17	7	2	1	2	0	2
Internists and Physiatrists	109	5	33	23	11	9	6	10	12
Neurologists	14	0	5	2	3	2	0	0	2
Cardiologists	20	0	0	0	1	2	2	3	12
Psychiatrists	41	32	7	1	1	0	0	0	0
Dermatologists	4	0	0	0	0	0	1	1	2
Anaesthetists	90	7	49	29	2	3	0	0	0
General Surgeons	62	11	13	17	12	8	1	0	0
Cardiac Surgeons	7	1	6	0	0	0	0	0	0
Orthopaedic Surgeons	34	0	6	15	10	3	0	0	0
Plastic and Reconstructive Surgeons	14	1	3	4	2	2	1	1	0
Neurological Surgeons	10	0	7	3	0	0	0	0	0
Obstetricians and Gynaecologists	50	8	13	7	8	12	1	1	0
Urological Surgeons	14	0	3	3	6	1	1	0	0
Ophthalmologists	24	0	0	1	3	3	5	3	9
Otolaryngologists	14	0	2	3	0	2	2	1	4
Pathologists and Diagnostic Radiologists	54	4	4	4	5	6	2	5	24
All Specialists 2009-10	**602**	**79**	**168**	**119**	**66**	**54**	**24**	**25**	**67**
All Specialists 2008-09	579	72	166	115	65	45	31	20	65
All Physicians 2009-10	**1,376**	**110**	**245**	**246**	**198**	**190**	**107**	**71**	**209**
All Physicians 2008-09	1,348	106	228	263	195	163	118	80	195

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	304	33	74	55	71	30	18	23
Metro Solo	71	32	9	9	9	7	2	3
Urban Association	129	12	26	27	25	21	9	9
Urban Solo	32	9	5	0	3	9	2	4
Rural Association	191	17	57	45	31	21	10	10
Rural Solo	47	8	12	8	7	6	3	3
All General Practitioners 2009-10	**774**	**111**	**183**	**144**	**146**	**94**	**44**	**52**
All General Practitioners 2008-09	769	96	182	153	149	91	52	46
Specialists								
Paediatricians and Medical Geneticists	41	25	11	2	0	2	0	1
Internists and Physiatrists	109	31	41	19	9	2	3	4
Neurologists	14	5	6	2	1	0	0	0
Cardiologists	20	1	12	4	2	0	0	1
Psychiatrists	41	31	6	3	0	0	0	1
Dermatologists	4	0	0	1	1	1	0	1
Anaesthetists	90	85	4	1	0	0	0	0
General Surgeons	62	24	32	6	0	0	0	0
Cardiac Surgeons	7	7	0	0	0	0	0	0
Orthopaedic Surgeons	34	7	25	2	0	0	0	0
Plastic and Reconstructive Surgeons	14	3	7	4	0	0	0	0
Neurological Surgeons	10	8	2	0	0	0	0	0
Obstetricians and Gynaecologists	50	18	18	12	2	0	0	0
Urological Surgeons	14	4	9	1	0	0	0	0
Ophthalmologists	24	0	4	5	8	3	4	0
Otolaryngologists	14	2	3	3	4	2	0	0
Pathologists and Diagnostic Radiologists	54	54	0	0	0	0	0	0
All Specialists 2009-10	**602**	**305**	**180**	**65**	**27**	**10**	**7**	**8**
All Specialists 2008-09	579	301	161	62	26	17	5	7
All Physicians 2009-10	**1,376**	**416**	**363**	**209**	**173**	**104**	**51**	**60**
All Physicians 2008-09	1,348	397	343	215	175	108	57	53

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	304	131	15	8	26	8	59	57	0
Metro Solo	71	22	1	3	9	2	21	13	0
Urban Association	129	26	3	2	9	4	14	71	0
Urban Solo	32	3	0	1	4	0	9	15	0
Rural Association	191	41	7	2	9	3	14	114	1
Rural Solo	47	10	3	1	9	0	5	19	0
All General Practitioners 2009-10	**774**	**233**	**29**	**17**	**66**	**17**	**122**	**289**	**1**
All General Practitioners 2008-09	769	227	32	17	66	16	120	291	0
Specialists									
Paediatricians and Medical Geneticists	41	8	16	2	3	1	7	4	0
Internists and Physiatrists	109	39	20	4	7	6	16	17	0
Neurologists	14	2	4	0	1	0	3	4	0
Cardiologists	20	10	3	0	0	1	2	4	0
Psychiatrists	41	17	4	2	2	0	11	4	1
Dermatologists	4	3	0	0	0	0	0	1	0
Anaesthetists	90	41	17	0	2	1	11	18	0
General Surgeons	62	19	17	0	3	1	9	13	0
Cardiac Surgeons	7	1	5	0	0	1	0	0	0
Orthopaedic Surgeons	34	18	4	0	3	1	3	5	0
Plastic and Reconstructive Surgeons	14	8	2	1	0	0	1	2	0
Neurological Surgeons	10	2	1	0	0	0	3	4	0
Obstetricians and Gynaecologists	50	22	6	2	1	1	8	10	0
Urological Surgeons	14	6	4	0	0	0	1	2	1
Ophthalmologists	24	13	0	1	5	0	2	3	0
Otolaryngologists	14	7	0	0	2	0	2	3	0
Pathologists and Diagnostic Radiologists	54	28	15	0	3	1	3	3	1
All Specialists 2009-10	**602**	**244**	**118**	**12**	**32**	**14**	**82**	**97**	**3**
All Specialists 2008-09	579	230	112	12	30	13	81	98	3
All Physicians 2009-10	**1,376**	**477**	**147**	**29**	**98**	**31**	**204**	**386**	**4**
Per Cent Distribution 2009-10	100%	35%	11%	2%	7%	2%	15%	28%	0%
All Physicians 2008-09	**1,348**	**457**	**144**	**29**	**96**	**29**	**201**	**389**	**3**
Per Cent Distribution 2008-09	100%	34%	11%	2%	7%	2%	15%	29%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	304	31	61	93	74	45
Metro Solo	71	5	9	24	21	12
Urban Association	129	34	32	33	22	8
Urban Solo	32	4	4	7	9	8
Rural Association	191	51	56	39	32	13
Rural Solo	47	5	11	14	7	10
All General Practitioners 2009-10	**774**	**130**	**173**	**210**	**165**	**96**
All General Practitioners 2008-09	769	124	191	203	165	86
Specialists						
Paediatricians and Medical Geneticists	41	3	11	11	9	7
Internists and Physiatrists	109	5	35	26	27	16
Neurologists	14	0	7	2	3	2
Cardiologists	20	1	11	4	4	0
Psychiatrists	41	4	7	16	5	9
Dermatologists	4	0	0	2	1	1
Anaesthetists	90	8	27	33	20	2
General Surgeons	62	2	20	25	7	8
Cardiac Surgeons	7	0	2	4	1	0
Orthopaedic Surgeons	34	3	12	11	6	2
Plastic and Reconstructive Surgeons	14	0	5	4	4	1
Neurological Surgeons	10	0	4	3	2	1
Obstetricians and Gynaecologists	50	8	14	14	11	3
Urological Surgeons	14	1	2	5	4	2
Ophthalmologists	24	1	10	6	4	3
Otolaryngologists	14	0	1	7	1	5
Pathologists and Diagnostic Radiologists	54	11	14	14	14	1
All Specialists 2009-10	**602**	**47**	**182**	**187**	**123**	**63**
All Specialists 2008-09	579	42	184	189	111	53
All Physicians 2009-10	**1,376**	**177**	**355**	**397**	**288**	**159**
Per Cent Distribution 2009-10	100%	13%	26%	29%	21%	12%
All Physicians 2008-09	**1,348**	**166**	**375**	**392**	**276**	**139**
Per Cent Distribution 2008-09	100%	12%	28%	29%	20%	10%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24
Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	311.0	1,376	246.7	774	393.7	602
Highest Paid	2,116.4		988.6		2,116.4	
Less than $ 60,000	24.7	230	24.7	155	24.7	75
$ 60,000 - $ 74,999	66.4	53	66.8	35	65.5	18
$ 75,000 - $ 99,999	88.0	98	87.9	68	88.4	30
$100,000 - $124,999	113.3	88	113.4	61	113.1	27
$125,000 - $149,999	137.8	105	138.2	64	137.1	41
$150,000 - $174,999	161.3	81	161.5	59	160.5	22
$175,000 - $199,999	189.0	51	188.8	32	189.3	19
$200,000 - $249,999	225.9	174	224.5	112	228.6	62
$250,000 - $299,999	274.6	156	273.5	99	276.6	57
$300,000 - $349,999	325.8	141	325.4	95	326.5	46
Over $350,000	560.8	429	457.3	149	615.8	280
Total	**270.0**	**1,606**	**209.6**	**929**	**352.8**	**677**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	236.8	375	272.6	161	244.7	238
Highest Paid	674.3		988.6		782.9	
Less than $ 60,000	24.6	89	26.1	17	24.4	49
$ 60,000 - $ 74,999	66.2	15	69.5	5	66.5	15
$ 75,000 - $ 99,999	87.9	36	87.8	13	87.8	19
$100,000 - $124,999	115.1	31	113.5	9	110.9	21
$125,000 - $149,999	140.0	31	136.1	11	136.8	22
$150,000 - $174,999	161.4	31	161.3	15	162.2	13
$175,000 - $199,999	190.4	14	185.5	5	188.3	13
$200,000 - $249,999	226.1	57	225.7	25	220.4	30
$250,000 - $299,999	274.0	57	276.5	18	270.1	24
$300,000 - $349,999	325.8	43	325.7	19	324.8	33
Over $350,000	442.2	60	481.0	41	455.8	48
Total	**196.1**	**464**	**249.0**	**178**	**207.1**	**287**

[1] Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	216.7	41	350.0	109	778.0	20
Highest Paid	973.5		1,280.9		1,730.4	
Less than $ 60,000	18.7	19	23.3	20	19.5	2
$ 60,000 - $ 74,999	67.1	3	72.3	2	0	0
$ 75,000 - $ 99,999	86.6	8	88.4	5	0	0
$100,000 - $124,999	108.4	7	116.7	8	0	0
$125,000 - $149,999	136.7	4	138.7	11	0	0
$150,000 - $174,999	164.8	3	161.2	7	0	0
$175,000 - $199,999	0	0	191.6	5	0	0
$200,000 - $249,999	228.9	6	228.5	11	0	0
$250,000 - $299,999	259.9	3	286.9	4	0	0
$300,000 - $349,999	337.3	2	328.4	7	0	0
Over $350,000	672.3	5	552.2	49	778.0	20
Total	**154.0**	**60**	**299.4**	**129**	**709.1**	**22**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	291.6	14	206.3	41	418.2	4
Highest Paid	934.3		762.9		664.2	
Less than $ 60,000	0	0	33.5	10	35.6	1
$ 60,000 - $ 74,999	0	0	62.9	4	0	0
$ 75,000 - $ 99,999	0	0	89.6	4	0	0
$100,000 - $124,999	114.4	1	116.0	4	0	0
$125,000 - $149,999	132	2	138.7	7	0	0
$150,000 - $174,999	159.3	2	156.1	2	0	0
$175,000 - $199,999	191.9	2	188.5	4	0	0
$200,000 - $249,999	236.5	2	223.6	6	0	0
$250,000 - $299,999	280.9	1	277.3	2	271	1
$300,000 - $349,999	0	0	329.8	3	0	0
Over $350,000	562.1	4	492.4	5	467.3	3
Total	**303.8**	**12**	**196.2**	**48**	**345.4**	**5**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment [1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	317.0	90	384.7	62	802.2	7
Highest Paid	1059.7		866.3		918.8	
Less than $ 60,000	39.0	2	31.6	4	0	0
$ 60,000 - $ 74,999	65.3	1	64.2	3	0	0
$ 75,000 - $ 99,999	0.0	0	89.0	3	0	0
$100,000 - $124,999	0.0	0	109.7	1	0	0
$125,000 - $149,999	139.4	5	131	2	0	0
$150,000 - $174,999	162.3	3	155.2	3	0	0
$175,000 - $199,999	189.6	2	0	0	0	0
$200,000 - $249,999	225.2	16	229.9	6	0	0
$250,000 - $299,999	277.4	19	281.9	6	0	0
$300,000 - $349,999	325.6	13	335.7	5	0	0
Over $350,000	445.0	31	539.5	33	802.2	7
Total	**311.0**	**92**	**363.3**	**66**	**802.2**	**7**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	435.6	34	430.9	14	446.3	10
Highest Paid	882.8		777.4		631.1	
Less than $ 60,000	19.4	3	0	0	49.1	1
$ 60,000 - $ 74,999	0	0	64	1	0	0
$ 75,000 - $ 99,999	0	0	83.8	1	0	0
$100,000 - $124,999	0	0	0	0	0	0
$125,000 - $149,999	127.6	1	0	0	0	0
$150,000 - $174,999	0	0	0	0	0	0
$175,000 - $199,999	187.3	2	0	0	0	0
$200,000 - $249,999	249.7	1	237.2	1	218.1	1
$250,000 - $299,999	278.0	4	292.9	2	288.0	1
$300,000 - $349,999	323.3	7	321.2	1	335.6	1
Over $350,000	562.3	19	592.5	8	517.3	7
Total	**401.9**	**37**	**430.9**	**14**	**410.2**	**11**

[1] Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	370.8	50	391.6	14	844.3	24
Highest Paid	1,114.4		1,190.6		1,453.3	
Less than $ 60,000	2.5	1	0	0	35.5	2
$ 60,000 - $ 74,999	65.1	2	0	0	0	0
$ 75,000 - $ 99,999	87.6	4	0	0	0	0
$100,000 - $124,999	108.4	1	0	0	0	0
$125,000 - $149,999	136.2	5	147.4	1	0	0
$150,000 - $174,999	160.2	1	0	0	0	0
$175,000 - $199,999	0	0	189.3	1	0	0
$200,000 - $249,999	232.0	4	231.8	2	216.2	1
$250,000 - $299,999	261.6	4	278.7	2	0	0
$300,000 - $349,999	323.0	3	0	0	337.4	1
Over $350,000	544.8	26	515.6	8	895.9	22
Total	**363.6**	**51**	**391.6**	**14**	**782.1**	**26**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	451.2	14	487.3	54
Highest Paid	1026.1		2,116.4	
Less than $ 60,000	0	0	23.3	10
$ 60,000 - $ 74,999	0	0	64.6	2
$ 75,000 - $ 99,999	95.6	1	90.1	4
$100,000 - $124,999	124.8	1	110.2	4
$125,000 - $149,999	140.5	1	128.8	2
$150,000 - $174,999	0	0	165.5	1
$175,000 - $199,999	0	0	185.9	3
$200,000 - $249,999	239.2	2	232.3	3
$250,000 - $299,999	0.0	0	272.5	8
$300,000 - $349,999	0	0	306.5	3
Over $350,000	608.6	9	858.6	24
Total	**451.2**	**14**	**414.8**	**64**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment ($000's) Per Physician By Specialty, 2004-05 to 2009-10

Type of Physician[1]	Average Payment[2] ($000's) 2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	Average Annual Per Cent Change 2004-05 to 2009-10
General Practitioners							
Metro Association	198.9	206.2	210.6	228.5	233.5	237.9	3.68
Metro Solo	223.3	243.5	238.6	240.3	236.7	232.0	0.85
Urban Association	249.1	248.8	252.2	272.4	257.2	256.2	0.66
Urban Solo	257.0	290.9	290.7	310.9	338.0	338.5	5.79
Rural Association	238.8	245.2	245.8	267.0	248.5	244.3	0.59
Rural Solo	253.9	287.2	264.1	269.0	260.7	246.5	-0.32
All General Practitioners	**225.1**	**234.2**	**234.6**	**251.4**	**247.3**	**246.7**	**1.90**
Specialists							
Paediatricians and Medical Geneticists	195.5	222.4	206.1	210.8	206.5	216.7	2.32
Internists and Physiatrists	303.7	333.3	328.4	369.2	359.7	350.0	3.09
Neurologists	250.5	280.8	295.7	307.2	303.8	291.6	3.23
Cardiologists	631.6	736.9	691.2	647.1	692.0	778.0	4.69
Psychiatrists	239.0	218.5	207.5	218.7	223.1	206.3	-2.75
Dermatologists	362.8	372.2	419.1	414.7	425.3	418.2	3.01
Anaesthetists	262.3	283.0	291.3	304.1	304.5	317.0	3.89
General Surgeons	336.5	366.7	387.5	397.2	395.5	384.7	2.80
Cardiac Surgeons	686.7	722.6	725.2	718.9	722.4	802.2	3.25
Orthopaedic Surgeons	359.2	365.1	380.7	376.8	407.5	435.6	3.99
Plastic and Reconstructive Surgeons	334.4	363.8	376.6	380.9	413.0	430.9	5.24
Neurological Surgeons	344.0	396.8	400.0	314.3	401.0	446.3	6.72
Obstetricians and Gynaecologists	334.2	358.6	351.3	369.7	357.7	370.8	2.18
Urological Surgeons	411.3	381.9	388.3	399.0	400.2	391.6	-0.91
Ophthalmologists	636.0	726.9	751.6	777.6	837.7	844.3	5.93
Otolaryngologists	407.0	415.9	435.4	443.8	442.1	451.2	2.10
Pathologists and Diagnostic Radiologists	487.9	453.6	481.1	505.3	500.4	487.3	0.10
All Specialists	**343.7**	**366.1**	**371.0**	**385.9**	**390.1**	**393.7**	**2.78**
Spec. less Pathologists & Radiologists	331.8	357.5	360.8	375.0	379.7	384.5	3.02
All Physicians	**274.2**	**288.4**	**291.4**	**308.2**	**308.6**	**311.0**	**2.58**
Phys. less Pathologists & Radiologists	267.2	282.0	284.5	301.0	301.2	303.8	2.63

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of RHAs. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

5) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	156	262.4	64	481.8	75	513.4	44	463.4
Saskatoon[3]	218	219.1	144	260.5	105	458.3	87	335.5
Moose Jaw	24	294.9	4	781.5	7	488.0	4	339.9
Prince Albert	59	251.9	10	339.9	17	330.4	7	504.1
Yorkton	16	269.2	3	252.5	8	531.7	--	--
Swift Current	19	241.7	3	327.2	7	298.3	2	**
North Battleford	22	296.2	1	**	7	405.9	--	--
Estevan	8	454.8	--	--	--	--	--	--
Weyburn	13	222.3	--	--	--	--	--	--
All Other Locations	239	244.1	--	--	3	177.5	--	--
B. By Activity Threshold:								
1. Total Active Physicians[2]	774	246.7	229	335.4	229	460.1	144	380.9
2. Total Licensed Physicians[4]	1,013	--	373	--	256	--	240	--
3. Resident and Active in Two Consecutive Years[2]	693	258.8	211	354.4	212	481.5	133	400.3
4. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	634	275.9	201	367.8	205	496.8	125	418.9
C. By Age Group:[2]								
Under 35	130	196.7	13	174.8	15	328.4	19	246.1
35 - 44	173	233.6	71	323.2	70	480.0	41	301.2
45 - 54	210	268.4	61	311.3	79	524.4	47	372.3
55 - 64	165	274.8	49	433.0	40	460.4	34	569.1
65 +	96	242.1	35	325.3	25	280.1	3	325.0

[1] Physicians are grouped as follows:
- Medical Specialists: Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists and Medical Geneticists.
- Surgical Specialists: General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists: Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Licensed Physicians are all physicians on the Medical Care Insurance Physician Registry except for those we know are retired. Locums are included even though they do not have their own billing number. Educational locums, residents and interns are typically excluded.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency	Total Payments for Emergency
	Number of Rotations				
	Tier I	Tier II	Payments[2]	Coverage[3]	Coverage
Regional Health Authority					
1 Sun Country	3	3	$403,953	$699,279	$1,103,232
2 Five Hills	7	3	$839,552	$310,530	$1,150,082
3 Cypress	5	4	$695,882	$540,331	$1,236,213
4 Regina Qu'Appelle	30	13	$4,604,382	$582,904	$5,187,286
5 Sunrise	6	2	$709,154	$570,241	$1,279,395
6 Saskatoon	40	20	$5,953,891	$656,120	$6,610,011
7 Heartland	0	2	$107,978	$877,838	$985,817
8 Kelsey Trail	0	5	$139,636	$720,097	$859,734
9 Prince Albert Parkland	7	4	$1,041,923	$122,047	$1,163,971
10 Prairie North	11	6	$858,961	$603,887	$1,462,848
11 Mamawetan Churchill River	0	0	$0	$127,889	$127,889
12 Keewatin Yatthé	0	0	$0	$213,125	$213,125
13 Athabasca	0	0	$0	$93,132	$93,132
All Regional Health Authorities	109	62	$15,355,313	$6,117,422	$21,472,734
Other Emergency Coverage					
Medical Health Officers	0	3	$243,547	–	$243,547
Saskatchewan Cancer Agency	2	5	$527,536	–	$527,536
All Emergency Coverage	**111**	**70**	**$16,126,396**	**$6,117,422**	**$22,243,818**

[1] Includes payments made indirectly to physicians through RHAs, the Saskatchewan Cancer Agency or other.

[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

[3] Includes all ERCP payments as well as any payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures ($000's)

	Medical Remuneration Payments[1]		Alternate Payments		Non-Fee-For-Service Total Payments	
	2008-09	2009-10	2008-09	2009-10	2008-09	2009-10
Regional Health Authority						
1 Sun Country	$1,717	$1,717	$0	$0	$1,717	$1,717
2 Five Hills	$5,146	$5,171	$1,747	$1,841	$6,893	$7,012
3 Cypress	$4,314	$4,327	$2,378	$2,587	$6,693	$6,914
4 Regina Qu'Appelle	$45,929	$47,347	$1,740	$1,712	$47,669	$49,059
5 Sunrise	$4,825	$4,838	$0	$0	$4,825	$4,838
6 Saskatoon	$37,938	$38,083	$5,699	$6,355	$43,637	$44,438
7 Heartland	$563	$593	$0	$0	$563	$593
8 Kelsey Trail	$1,041	$1,041	$0	$0	$1,041	$1,041
9 Prince Albert Parkland	$5,725	$5,786	$4,867	$5,040	$10,592	$10,826
10 Prairie North	$6,674	$6,694	$386	$1,348	$7,060	$8,042
11 Mamawetan Churchill River	$69	$69	$0	$0	$69	$69
12 Keewatin Yatthé	$0	$0	$0	$0	$0	$0
13 Athabasca	$0	$0	$0	$0	$0	$0
All Regional Health Authorities	$113,941	$115,667	$16,818	$18,883	$130,758	$134,550
Provincial Projects[2]	$0	$0	$8,839	$7,010	$8,839	$7,010
All Expenditures	**$113,941**	**$115,667**	**$25,657**	**$25,893**	**$139,598**	**$141,560**

[1] These expenditures for physician services are administered through RHAs and funded by Saskatchewan Health.

[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Age Groups	Sex	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Athabasca	Total
Under 1	M	312	312	214	1,659	302	1,991	224	239	614	683	294	138	38	7,020
	F	332	290	204	1,617	297	1,809	245	242	525	663	269	120	31	6,645
	T	643	602	418	3,277	599	3,800	469	482	1,139	1,346	563	258	69	13,665
1 - 4	M	1,316	1,144	950	6,339	1,224	7,412	999	984	2,318	2,462	1,101	480	130	26,858
	F	1,315	1,083	890	6,060	1,104	7,195	920	940	2,172	2,424	1,015	452	134	25,704
	T	2,631	2,227	1,840	12,399	2,328	14,607	1,918	1,924	4,490	4,886	2,116	932	264	52,562
5 - 9	M	1,574	1,434	1,269	7,413	1,443	8,998	1,239	1,277	2,793	2,762	1,167	506	148	32,022
	F	1,573	1,375	1,175	7,101	1,466	8,515	1,152	1,196	2,673	2,789	1,178	475	135	30,802
	T	3,147	2,810	2,444	14,513	2,909	17,512	2,391	2,473	5,467	5,550	2,345	981	283	62,824
10 - 14	M	1,724	1,585	1,399	7,854	1,692	9,530	1,327	1,430	2,858	2,945	1,160	561	129	34,194
	F	1,708	1,495	1,349	7,604	1,510	9,028	1,308	1,364	2,827	2,825	1,147	503	120	32,787
	T	3,432	3,079	2,748	15,459	3,202	18,558	2,635	2,794	5,684	5,770	2,307	1,064	249	66,981
15 - 19	M	1,924	1,910	1,526	9,286	1,899	10,956	1,588	1,560	3,318	3,143	1,249	624	109	39,093
	F	1,796	1,766	1,477	8,759	1,803	10,331	1,500	1,459	3,134	2,949	1,178	625	118	36,894
	T	3,720	3,676	3,003	18,045	3,703	21,288	3,087	3,018	6,452	6,092	2,427	1,249	227	75,987
20 - 24	M	1,892	1,985	1,487	9,621	1,739	11,748	1,610	1,452	2,840	3,013	1,003	541	125	39,056
	F	1,801	1,822	1,293	9,388	1,704	11,645	1,448	1,297	2,658	2,925	970	513	117	37,581
	T	3,694	3,807	2,780	19,009	3,443	23,393	3,058	2,749	5,498	5,938	1,973	1,054	242	76,637
25 - 29	M	1,874	1,705	1,211	9,546	1,551	11,657	1,303	1,165	2,370	2,851	798	382	94	36,506
	F	1,731	1,635	1,217	9,168	1,520	11,419	1,174	1,003	2,419	2,820	799	365	115	35,384
	T	3,605	3,340	2,428	18,714	3,071	23,076	2,476	2,169	4,788	5,671	1,597	747	209	71,890
30 - 34	M	1,745	1,457	1,198	8,659	1,492	10,453	1,172	1,148	2,123	2,385	748	346	86	33,012
	F	1,565	1,530	1,166	8,630	1,419	10,241	1,105	1,097	2,183	2,329	744	357	74	32,440
	T	3,310	2,987	2,364	17,289	2,911	20,694	2,277	2,245	4,306	4,714	1,492	703	160	65,452
35 - 39	M	1,586	1,397	1,160	8,057	1,491	9,705	1,091	1,155	2,180	2,191	732	347	82	31,174
	F	1,444	1,388	1,195	8,064	1,463	9,641	1,070	1,074	2,342	2,223	697	366	79	31,045
	T	3,031	2,785	2,355	16,121	2,954	19,346	2,160	2,228	4,522	4,414	1,429	713	161	62,219
40 - 44	M	1,703	1,432	1,236	8,511	1,676	10,062	1,236	1,240	2,373	2,275	713	392	73	32,922
	F	1,638	1,576	1,312	8,463	1,686	9,783	1,217	1,225	2,406	2,235	649	388	73	32,650
	T	3,341	3,008	2,547	16,974	3,361	19,845	2,453	2,465	4,779	4,511	1,362	780	146	65,572
45 - 49	M	2,087	2,154	1,749	10,021	2,119	11,734	1,641	1,521	2,638	2,604	657	376	64	39,365
	F	1,969	2,138	1,766	10,063	2,016	11,881	1,644	1,434	2,865	2,592	625	336	66	39,395
	T	4,057	4,291	3,515	20,083	4,135	23,616	3,284	2,956	5,503	5,196	1,282	712	130	78,760
50 - 54	M	2,107	2,248	1,830	9,430	2,244	11,271	1,878	1,547	2,710	2,466	604	282	41	38,659
	F	2,009	2,201	1,755	9,653	2,107	11,336	1,639	1,463	2,651	2,412	581	234	32	38,072
	T	4,116	4,449	3,585	19,083	4,351	22,607	3,517	3,010	5,361	4,878	1,185	516	73	76,731
55 - 59	M	1,811	1,945	1,479	7,914	2,088	9,231	1,551	1,489	2,400	2,113	488	232	30	32,770
	F	1,648	1,872	1,412	7,973	2,003	9,132	1,383	1,394	2,358	1,968	406	218	34	31,801
	T	3,459	3,817	2,891	15,887	4,091	18,363	2,934	2,883	4,757	4,081	894	450	64	64,571
60 - 64	M	1,412	1,616	1,307	6,210	1,702	7,125	1,236	1,235	2,054	1,668	360	192	22	26,140
	F	1,365	1,595	1,232	6,446	1,751	7,132	1,224	1,256	2,024	1,514	307	141	31	26,017
	T	2,777	3,211	2,538	12,656	3,453	14,258	2,460	2,491	4,079	3,182	667	333	53	52,157
65 - 69	M	1,122	1,130	951	4,381	1,453	5,053	962	1,106	1,528	1,223	217	146	31	19,305
	F	1,112	1,181	954	4,756	1,538	5,400	941	1,006	1,527	1,236	193	122	18	19,984
	T	2,234	2,311	1,905	9,137	2,991	10,454	1,903	2,113	3,056	2,459	410	268	49	39,289
70 - 74	M	934	969	838	3,550	1,284	3,992	794	857	1,227	951	167	99	11	15,674
	F	967	1,035	892	4,072	1,377	4,741	825	861	1,255	945	132	78	7	17,187
	T	1,901	2,003	1,730	7,622	2,661	8,733	1,620	1,718	2,482	1,896	299	177	18	32,861
75 & Over	M	2,110	2,258	1,795	6,793	2,708	7,920	1,755	1,734	2,227	1,688	173	130	24	31,314
	F	2,930	3,386	2,519	10,747	3,934	12,572	2,526	2,455	3,078	2,277	245	132	14	46,812
	T	5,040	5,644	4,312	17,541	6,642	20,490	4,280	4,188	5,305	3,967	418	262	38	78,126
Total all ages	**M**	27,235	26,680	21,596	125,245	28,108	148,838	21,605	21,139	38,571	37,425	11,631	5,774	1,237	515,084
	F	26,902	27,366	21,802	128,564	28,698	151,800	21,320	20,766	39,097	37,126	11,135	5,425	1,198	521,200
	T	54,138	54,046	43,398	253,809	56,806	300,638	42,926	41,906	77,668	74,550	22,766	11,199	2,435	1,036,284

Notes: 1) Population as at June 30, 2009.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30
Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

		Regional Health Authority of Physician Practice													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Regional Health Authority of Patient Residence		Sun Country	Five Hills	Cy-press	Regina Qu'Ap-pelle	Sun-rise	Saska-toon	Heart-land	Kelsey Trail	Prince Albert Parkland	Prairie North	Mama-wetan Churchill River	Kee-watin Yatthé	Atha-basca	Out of Prov-ince	**Total**
1	Sun Country	80.6	1.4	0.1	14.0	0.2	0.9	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.5	100.0
2	Five Hills	0.6	85.3	0.7	7.9	0.1	2.0	0.4	0.1	0.2	0.1	0.0	0.0	0.0	2.5	100.0
3	Cypress	0.2	1.6	80.8	2.4	0.1	2.3	0.7	0.0	0.1	0.3	0.0	0.0	0.0	11.6	100.0
4	Regina Qu'Appelle	0.5	0.4	0.1	94.4	0.6	1.6	0.1	0.1	0.2	0.1	0.0	0.0	0.0	1.9	100.0
5	Sunrise	0.3	0.2	0.1	7.3	83.7	3.3	0.2	1.0	0.2	0.1	0.0	0.0	0.0	3.7	100.0
6	Saskatoon	0.1	0.1	0.1	1.0	0.2	94.0	0.3	0.6	1.0	0.4	0.0	0.0	0.0	2.3	100.0
7	Heartland	0.1	1.0	1.0	0.5	0.1	11.9	72.3	0.1	0.2	4.7	0.0	0.0	0.0	8.2	100.0
8	Kelsey Trail	0.1	0.1	1.1	0.9	0.4	8.2	1.1	79.1	6.7	0.3	0.1	0.0	0.0	2.0	100.0
9	Prince Albert Parkland	0.0	0.1	0.1	0.4	0.0	6.9	0.1	1.9	86.3	1.9	0.2	0.1	0.0	2.1	100.0
10	Prairie North	0.1	0.1	0.1	0.3	0.0	4.9	1.1	0.1	0.9	70.4	0.0	0.0	0.0	22.0	100.0
11	Mamawetan Churchill River	0.0	0.0	0.0	0.7	0.1	6.5	0.1	0.3	26.4	0.4	42.7	0.2	0.1	22.3	100.0
12	Keewatin Yatthé	0.0	0.1	0.0	0.3	0.0	9.3	0.0	0.0	6.1	33.9	0.7	46.6	0.0	2.7	100.0
13	Athabasca	0.0	0.0	0.0	0.8	0.1	10.4	0.3	0.6	30.1	0.5	2.2	0.6	51.1	3.4	100.0
	Rural Emergency Coverage	11.3	5.6	9.1	9.8	9.3	10.2	14.1	11.3	2.4	9.9	2.1	3.5	1.5	0.0	100.0
All Regional Health Authorities		**5.2**	**4.6**	**3.6**	**24.1**	**5.4**	**28.1**	**4.1**	**4.0**	**8.6**	**6.4**	**0.7**	**0.5**	**0.1**	**4.7**	**100.0**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) See "Data Limitations" on page 10.

Table 31
Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	222.57	7.10	85.9	209.97	3.16	37.5	432.53	10.26	87.2
2 Five Hills	187.28	6.81	85.2	273.44	4.46	46.3	460.72	11.27	87.8
3 Cypress	191.89	6.42	80.8	244.28	4.25	40.7	436.17	10.67	83.5
4 Regina Qu'Appelle	190.18	6.51	85.7	280.67	4.60	50.2	470.85	11.11	88.3
5 Sunrise	214.28	7.42	83.1	250.11	4.17	44.2	464.39	11.59	86.1
6 Saskatoon	185.64	6.45	86.2	269.04	4.84	50.1	454.69	11.29	88.5
7 Heartland	230.06	7.61	86.4	220.67	3.75	42.9	450.73	11.35	88.4
8 Kelsey Trail	203.05	6.85	82.5	210.42	3.18	36.9	413.47	10.03	84.4
9 Prince Albert Parkland	232.37	7.81	89.7	237.63	4.00	45.6	470.00	11.81	91.4
10 Prairie North	213.23	6.45	80.6	222.32	4.28	37.5	435.55	10.73	82.3
11 Mamawetan Churchill River	123.84	3.74	66.6	166.28	2.73	31.9	290.12	6.47	70.2
12 Keewatin Yatthé	157.41	4.49	76.2	171.82	2.80	30.9	329.23	7.29	78.5
13 Athabasca	73.78	2.10	58.5	209.21	3.40	41.2	282.98	5.50	65.4
All Regional Health Authorities	**196.92**	**6.65**	**83.7**	**253.50**	**4.33**	**45.6**	**450.43**	**10.97**	**85.9**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs and lump sum payments to physicians.
5) See "Data Limitations" on page 10.

Table 32
General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1 Sun Country	36	31	1,746	$307,526	2,390	6,893
2 Five Hills	48	33	1,638	$281,626	2,417	6,832
3 Cypress	36	31	1,400	$229,785	1,940	5,596
4 Regina Qu'Appelle	288	181	1,402	$266,865	2,705	6,519
5 Sunrise	39	36	1,578	$296,683	2,195	6,996
6 Saskatoon	393	256	1,174	$225,264	2,386	5,269
7 Heartland	28	27	1,590	$300,393	2,253	6,618
8 Kelsey Trail	46	34	1,233	$240,291	2,104	5,277
9 Prince Albert Parkland	91	70	1,110	$248,215	2,812	6,184
10 Prairie North	86	55	1,355	$227,204	1,852	4,685
11 Mamawetan Churchill River	16	12	1,897	$116,315	1,996	2,813
12 Keewatin Yatthé	19	6	1,867	$100,487	1,435	2,511
13 Athabasca	5	2	–	$81,490	1,275	1,697
All Regional Health Authorities	**1,065**	**774**	**1,339**	**$246,659**	**2,403**	**5,806**

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one RHA but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education [1] and Retention Rates by Academic Year [2]

Type of Physician	2004-05 Completed Program	2004-05 Remained[3] in Saskatchewan	2005-06 Completed Program	2005-06 Remained[3] in Saskatchewan	2006-07 Completed Program	2006-07 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	9	6	8 [5]	6	8 [6]	3
Family Medicine – Saskatoon	10	8	9 [4]	8	12 [6]	5
Family Medicine – Rural	3	1	1	1	6	5
Family Medicine/Emergency	2	2	3	2	2	1
Family Medicine/Anaesthesia	-	-	-	-	-	-
All Family Medicine	**24**	**17**	**21**	**17**	**28**	**14**
Anaesthesia	3	1	2	2	4	3
Cardiology	1	1	1	1	-	-
Clinical Investigator	-	-	-	-	-	-
Diagnostic Radiology9	3	3	3	2	4	1
General Surgery	2	1	3	1	2	1
Internal Medicine	-	-	2	2	1	0
Neurology	-	-	-	-	1	0
Neurosurgery	1	-	1	-	-	-
Obstetrics/Gynaecology	3	1	2	1	3	1
Ophthalmology	1	-	1	-	1	0
Orthopaedic Surgery	2	-	1	-	1	0
Paediatrics	1	-	2	-	3	2
Pathology	-	-	-	-	1	1
Physical Medicine & Rehabilitation	-	-	3	2	1	1
Psychiatry	4	3	3	2	2	2
Respiratory Medicine	1	1	-	-	1	1
Rheumatology	-	-	-	-	1	1
All Specialists	**22**	**11**	**24**	**13**	**26**	**14**
Total CSF Funded	**46**	**28**	**45**	**30**	**54**	**28**
Externally Funded	**10**	**7**	**5**	**1**	**5**	**5**
Total Physicians	**56**	**35**	**50**	**31**	**59**	**33**
CSF Funded Retention Rates[8]						
Family Medicine		71%		94%		64%
Specialists		50%		54%		54%
All Physicians		**61%**		**71%**		**58%**
CSF Funded and Externally Funded Retention Rates[8]						
All Physicians		**63%**		**66%**		**62%**

[1] The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Four graduates went on to a further residency program.

[8] Net of the number of graduates who have entered further training.

[9] Medical Imaging became Diagnostic Radiology in 2004-05.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2007-08 Completed Program	2007-08 Remained[3] in Saskatchewan	2008-09 Completed Program	2008-09 Remained[3] in Saskatchewan	CSF Funded Positions in 2009-10	Retention Rate[8] of June 2009 Graduates
Funded by the Clinical Services Fund						
Family Medicine – Regina	8	7	9	7	23	78%
Family Medicine – Saskatoon	11 [5]	8	11 [7]	6 [7]	25	86%
Family Medicine – Rural	4 [4]	3	4	4	8	100%
Family Medicine/Emergency	2	2	2	2	6	100%
Family Medicine/Anaesthesia	-	-	-	-	1	0%
All Family Medicine	**25**	**20**	**26**	**19**	**63**	**83%**
Anaesthesia	1	1	4	2	31	50%
Cardiology	1	0	3	2	4	67%
Clinical Investigator	-	-	-	-	1	0%
Diagnostic Radiology	3	1	3	2	17	67%
General Surgery	4	2	5	0	29	0%
Internal Medicine	1	1	4	2	52	50%
Neurology	1	0	2	1	7	50%
Neurosurgery	1	0	1	0	6	0%
Obstetrics/Gynaecology	1	1	3	3	21	100%
Ophthalmology	1	0	1	0	5	0%
Orthopaedic Surgery	2	0	3	0	18	0%
Paediatrics	4	2	0	0	26	0%
General Pathology	1	1	3	1	6	33%
Physical Medicine & Rehabilitation	1	0	0	0	7	0%
Psychiatry	1	1	2	2	20	100%
Respiratory Medicine	1	1	2	1	3	50%
Rheumatology	-	-	-	-	1	0%
All Specialists	**24**	**11**	**36**	**16**	**254**	**44%**
Total CSF Funded	**49**	**31**	**62**	**35**	**317**	**59%**
Externally Funded	**6**	**6**	**8**	**6**	**48**	**75%**
Total Physicians	**55**	**37**	**70**	**41**	**365**	**61%**
CSF Funded Retention Rates[8]						
Family Medicine		91%		86%		
Specialists		46%		44%		
All Physicians		**67%**		**60%**		
CSF Funded and Externally Funded Retention Rates[8]						
All Physicians		**76%**		**62%**		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2008-09	2009-10	2008-09	2009-10
Number of Registered[1] Practitioners	177	178	122	135
Population Per Registered[1] Practitioner	5,851	5,822	8,488	7,676
Per Cent of Beneficiaries Treated	11.9%	12.1%	10.0%	10.4%
Practising[2] Chiropractors and Optometrists:				
Number of Practitioners	173	173	122	134
Number by Age Group: Under 35	38	31	36	35
35 - 44	68	72	25	37
45 - 54	41	41	27	24
55 - 64	17	21	27	28
65 and over	9	8	7	10
Average Number of Patients Per Practitioner	936	947	862	817
Average Patient Contacts Per Practitioner	4,907	5,052	1,013	978
Average Payment Per Practitioner	$64,578	$66,492	$45,303	$44,649
Number by Dollar Range: Less than $10,000	9	6	3	5
$10,000 - 19,999	7	12	10	19
$20,000 - 39,999	31	23	39	40
$40,000 - 59,999	47	45	42	36
$60,000 - 79,999	27	35	21	24
$80,000 - 99,999	26	25	6	8
$100,000 - 119,999	13	14	1	2
$120,000 - 139,999	3	4	0	0
$140,000 - 159,999	4	3	0	0
$160,000 - 179,999	3	3	0	0
$180,000 & over	3	3	0	0

[1] Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.
[2] Chiropractors and Optometrists receiving $1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.
Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- Physician Recruitment Strategy – Receives $3.5 million in annualized funding, and includes the following initiatives: 1) The Physician Recruitment Agency of Saskatchewan; 2) Distributed Medical Education; 3) Repatriation Campaign/Student Ambassadors; 4) Expedited Assessment of Physician Licensure Applications; 5) A Saskatchewan-Based Assessment Program; and 7) Lifestyle and Collegial Supports for Physicians.

- Specialist Recruitment and Retention Program -- A $2.0 million fund, jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee, is used to fund three programs: 1) *The Specialist Residency Bursary Program* offers up to 15 bursaries of $25,000 to fund residents in specialty training at the U of S for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) *The Specialist Physician Establishment Grant* provides up to 15 grants of $30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and 3) *The Specialist Physician Enhancement Training Program* funds practising specialists to obtain additional training. This program provides six grants of up to $80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practised in Saskatchewan for two years to be eligible.

- Specialist Emergency Coverage Program -- This program is jointly managed by the SMA, RHAs and the Ministry of Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).

- Long Service Retention Program -- This program is intended to recognize physicians who provide 10 or more years of service to the province.

- Committee on Rural and Regional Practice--A $3.14 million fund, jointly managed by the SMA and the Ministry of Health, which funds a variety of programs including: 1) Rural Practice Establishment Grant Programs -- Grants of $25,000 are available to physicians who establish new practices in rural Saskatchewan for a minimum of 18 months. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement; 2) Regional Practice Establishment (RPEG) Program -- Grants of $10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional centre; 3) Family Medicine Residency Bursary Program -- Bursaries of $25,000 to fund family medicine residents in exchange for a rural return-of-service commitment; 4) Undergraduate Medical Student Bursary Program – Grants of $15,000, are available to medical students who sign a return of service commitment to a rural Saskatchewan community; 5) Rural Practice Enhancement Training -- This program provides funding to practicing rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required. 6) Specialist Re-Entry Program -- This program provides up to four grants annually to practising family physicians entering specialty training. The Ministry of Health and the SMA co-manage and fund this program (each fund two of the grants). Physicians must have practised full-time in rural Saskatchewan for three years to qualify plus make a return-of-service commitment of one year for every year of training.

- Emergency Room Coverage/Weekend Relief Program -- This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).

- Rural Emergency Care - CME Program -- This Continuing Medical Education program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support and Paediatric Advanced Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of $250) may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return of service commitment is expected.

- Locum Service Program -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.

- Support Services -- The SMA operates a Rural Travel Assistance Program, a Rural Extended Leave Program, a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.

- Information Technology Fund -- A $2.0 million initiative established through the 2006-2009 SMA Agreement will assist in the development of the electronic medical record as part of the overall Electronic Health Record.

- Saskatchewan Health International Medical Graduates (IMG) Residency Training Program -- This program funds up to four residency positions annually at the U of S. These positions are dedicated to international medical graduates who require a period of residency training in order to qualify for licensure to practise in Saskatchewan.

Agreements with Professional Associations

- The physician agreement between the Ministry of Health and the Saskatchewan Medical Association (SMA) covered three years, April 1, 2006 to March 31, 2009. It provided general fee increases of 2.8 per cent on April 1 of each year plus $3.0 million over the term of the agreement for new items and modernization of the Payment Schedule. The agreement also provided a total of $11.8 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 57). Negotiations for the new contract are ongoing.

- The chiropractic agreement between the Ministry of Health and the Chiropractors' Association of Saskatchewan covered three years, April 1, 2006 to March 31, 2009 and provided fee increases of 2.5 per cent in each year of the contract. Effective April 1, 2010, chiropractic coverage changes established that low-income individuals receiving Supplementary or Family Health benefits or on the Seniors Income Plan will be eligible for a maximum of 12 treatments per year. All other coverage has been eliminated.

- The optometric agreement between the Ministry of Health and the Saskatchewan Association of Optometrists covers the period April 1, 2007 to March 31, 2010. It provided a 6 per cent general fee increase for the first year retroactive to April 1, 2007, and 3 per cent general fee increases in each subsequent year.

- The latest dental agreement between the College of Dental Surgeons and the Ministry of Health covered three years, April 1, 2008 to March 31, 2011. It provided a 0 per cent general fee increase in the first year, a 6.1 per cent general fee increase retroactive for services provided on or between April 1, 2009 and March 31, 2010, and a 3 per cent general fee increase effective April 1, 2010. The agreement also provided a total of $100,000 over the term of the agreement for new items and modernization of the Payment Schedule.